Kentucky Department of Education

Office of Career and Technical Education

Medicaid Nurse Aid

2013 – 2014

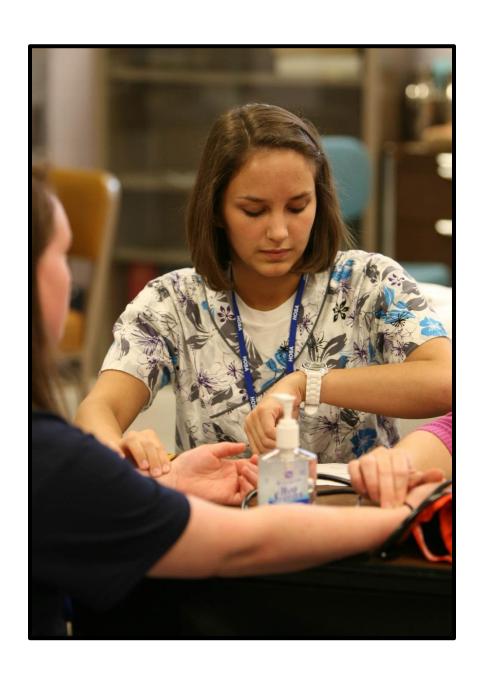# Documents and Forms

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Kentucky MNA Staff

Elizabeth Bullock
500 Mero Street, 20th Floor CPT
Frankfort, KY 40601

Phone: (502) 564-4286 Ex. 4253
Fax: (502) 564-4800 or (502) 564-2241
Email: Elizabeth.Bullock@education.ky.gov

Mary Kleber
300 North Main Street
Versailles, KY 40383

Phone: (859) 256-3100
Fax: (859) 246-3152
Email: Mary.Kleber@kctcs.edu

Karen Smith
500 Mero Street, 20th Floor CPT
Frankfort, KY 40601

Phone: (502) 564-4286 Ex. 4212
Fax: (502) 564-4800 or (502) 564-2241
Email: Karen.Smith@education.ky.gov

Vicki Weaver
500 Mero Street, 20th Floor CPT
Frankfort, KY 40601

Phone: (502) 564-4286 Ex. 4245
Fax: (502) 564-4800 or (502) 564-2241
Email: Vicki.Weaver@education.ky.gov

KENTUCKY DEPARTMENT OF EDUCATION
OFFICE OF CAREER & TECHNICAL EDUCATION
APPLICATION FOR MEDICAID NURSE AIDE PROGRAM

APPLICATION FOR NEW PROGRAM_____ NEW INSTRUCTOR_____

DATE APPLICATION SUBMITTED_____

SCHOOL NAME_____

ADDRESS_____

PHONE
_____NUMBER_____

KNAT COORDINATOR_____

PROGRAM REQUEST SECONDARY_____ ADULT_____

RN PRIMARY   KY BOARD OF NURSING
INSTRUCTOR_____LICENSE NUMBER_____

NURSE AIDE TRAINER(S):   KBN NUMBER:

_____   _____

_____   _____

REQUIREMENTS MET FOR ONE YEAR LONG TERM EXPERIENCE FOR NURSE
AIDE TRAINER(S): YES_____NO_____
WHERE_____DATES_____
NURSE AIDE TRAINER(S) HAVE RECEIVED THREE HOUR MOI UPDATE
REQUIREMENT : YES_____ NO_____
WHERE_____DATES_____

CLINICAL SITE_____

Principal Signature:	Date:
Health Sciences Instructor Signature:	Date:

TECHNICAL SCHOOL IS NOT AUTHORIZED TO BEGIN NEW MNA PROGRAM/INSTRUCTOR UNTIL APPROVED BY KENTUCKY DEPARTMENT OF EDUCATION, OFFICE OF CAREER & TECHNICAL EDUCATION.

Please mail to: Kentucky Department of Education, Office Of Career & Technical Education
Elizabeth Bullock
20th Floor CPT
500 Mero Street
Frankfort, KY 40601   Fax: 502-564-4800   Telephone: 502-564-4286 ex. 4253

Medicaid Nurse's Aide Evaluation

Date:_____

Evaluate this course by placing an "x" in the appropriate box. Comments are encouraged.

Course: Medicaid Nurse's Aide (MNA)	Above Average	Average	Below Average	N/A
A. Content				
1. Applicable to an MNA	☐	☐	☐	☐
B. Course Objectives				
2. Clearly stated	☐	☐	☐	☐
3. Met by content	☐	☐	☐	☐
C. Length of course				
4. Adequate	☐	☐	☐	☐
Instructor:				
5. Speech was clear	☐	☐	☐	☐
6. Used examples as illustrations	☐	☐	☐	☐
7. Receptive to questions	☐	☐	☐	☐
8. Informed on course content	☐	☐	☐	☐
Facilities:				
9. Comfortable temperature	☐	☐	☐	☐
10. Adequate lighting	☐	☐	☐	☐
11. Adequate room	☐	☐	☐	☐

Comments:

This course accomplished the desired training:

This course could be improved by:

This instructor did the following well:

This instructor could improve by:

KENTUCKY MEDICAID NURSE AIDE COURSE
EVALUATION TOOL

Please help evaluate this course by placing a check in the appropriate box. Your comments are encouraged.

1. <u>COURSE</u> - Medicaid Nurse Aide

    A. Content - Applicable to a Medicaid Nurse Aide

    B. Course Objectives - 1. Met by Content
        2. Clearly Stated

    C. Length of Course Adequate

Above Average	Average	Below Average	NA

COMMENTS:

2. <u>INSTRUCTOR</u>

    A. Speech was clear

    B. Use of examples and illustrations

    C. Receptive to questions

    D. Informed on course content

Above Average	Average	Below Average	NA

COMMENTS:

3. <u>FACILITIES</u>

    A. Comfortable temperature

    B. Lighting adequate

    C. Adequate room

    D. Adequate equipment/supplies

Above Average	Average	Below Average	NA

COMMENTS:

This course accomplished the desired training:

This course could be improved by:

This instructor did the following well:

This instructor could improve by:

MEMORANDUM OF AGREEMENT

BETWEEN

**Kentucky Department of Education
Office of Career & Technical Education**

500 Mero Street, Frankfort KY 40601

AND

_____

School

_____

Address

NAME OF PROGRAM(S) _____ **Kentucky Medicaid Nurse Aide** _____

This Agreement is made between the **Kentucky Department of Education, Office of Career & Technical Education** (hereinafter referred to as the Department) and

_____(hereinafter referred to as the School).

School

GENERAL RESPONSIBILITIES

1. A Medicaid Nurse Aide competency training and evaluation program is required by federal law.

2. The Department and School both adhere to the policy of affirmative action to correct deficiencies in the employment of minorities and do not discriminate on the basis of race, color, religion, national origin, marital status, disability, sex, sexual orientation, age, or political affiliation.

3. All federal and state guidelines and regulations must be followed in administering the training and testing programs (i.e. the Omnibus Budget Reconciliation Act (OBRA) of 1987, 907 KAR 1:450, and the Medicaid Services Manual for the Nurse Aide Training Competency Evaluation Program).

4. This agreement is effective on the date signed by both parties and continues without action until termination by either party.

THEREFORE, in consideration of the mutual promises and undertaking herein specified, the Department and the School agrees as follows:

KENTUCKY DEPARTMENT OF EDUCATION, OFFICE OF CAREER & TECHNICAL EDUCATION

1. The Department provides the School with the current curriculum guidelines.

2. The Department shall monitor the training program. The monitoring shall be conducted onsite each year by qualified staff from the Department or Kentucky Community and Technical College System (hereinafter collectively referred to as KCTCS), while a self-evaluation will be submitted each year that an onsite review is not conducted.

SCHOOL RESPONSIBILITIES

1. The School agrees to employ qualified instructors to teach the total program and will endeavor to work with the staff of the Department at all times.

2. The School agrees to use the approved curriculum provided by the Department.

3. The School shall maintain and keep all pertinent records for a period of no less than five (5) years and shall have those records available for inspection in accordance with the Family Rights and Privacy Act.

4. The School (if using the KCTCS training provider number) agrees to provide qualified instructors who are currently licensed as registered nurses in the Commonwealth of Kentucky and who have a minimum of two (2) years experience, at least one (1) of which shall be in the provision of long-term care services or waived prior to 1/1/91.

5. The School will place emphasis on developing skills in actual clinical situations. A minimum of sixteen (16) hours in an approved long-term care facility is required.

6. Each individual assigned to a period of affiliation will previously have signed the statement of understanding that is attached and made part of this agreement.

7. The School requires that each student and instructor from the School will be covered by a Professional Liability Insurance Plan of at least $1,000,000 (one million) while assigned to clinical areas. The School will show evidence of above insurance to the Department prior to beginning clinical portion of the program as requested.

8. The School shall provide training in the U.S. Occupational Safety and Health Administration (OSHA) guidelines on blood borne pathogens and the use of standard precautions prior to assigning students to clinical areas.

9. The School agrees to educate, train and instruct all students enrolled in the Medicaid Nurse Aide and the Kentucky Medication Aide programs about the requirements and prohibitions set out in the Health Insurance Portability and Accountability Act (HIPAA).

10. Training sites governed by the Department will be approved annually by KCTCS. Only those approved sites will be allowed to use KCTCS training provider number.

11. Training sites must be approved and monitored by the Department. Failure to comply with training procedure guidelines shall warrant forfeiture of training privileges.

12. The training program report shall be submitted to KCTCS on an annual basis.

13. All schools providing training and/or testing will work through their designated Kentucky Nurse Aide Testing (KNAT) coordinator.

14. Performance evaluators must be registered nurses and have at least one (1) year experience in providing care for the elderly.

15. Test sites must be approved and monitored by KCTCS. Failure to comply with testing procedure guidelines shall warrant forfeiture of testing privilege.

16. Test sites must provide year-round services in a timely manner.

17. KCTCS will receive $20 for those health science students who take the written and performance components. The remainder of the testing fee will be given to the entity incurring the expense (i.e. performance evaluator's salary, written test monitor's salary, supplies, travel expenses).

18. Class and clinical schedules shall be in accordance with the KCTCS curriculum requirements and the School's standard operating procedures.

19. (As required by the affiliating agency) require criminal background checks on all students and verify students are within the guidelines of Kentucky State laws.

- provide results of criminal background check to Affiliating Agency upon request

20. The school agrees to verify negative status of Kentucky Board of Nursing Abuse check on all students within the first 10 days of the beginning of the class.

TERMINATION OF AGREEMENT

This agreement may be cancelled by either party at any time for cause and may be cancelled without cause with 30 days written notice.

GOVERNING LAW

This agreement shall be construed in accordance with the laws of the Commonwealth of Kentucky. Both the Department and the School, as state entities, are subject to the jurisdiction of the Board of Claims pursuant to KRS Chapter 44. The School shall abide by any and all relevant laws and regulations of the Commonwealth of Kentucky.

IN WITNESS WHEREOF, the Department and the School have executed this Agreement which shall become effective after signature by the authorized representatives of the parties.

_____
Associate Commissioner   School Principal
Kentucky Department of Education
Office of Career & Technical Education   Date: _____

Date: _____

_____
Program Representative (Instructor)   Program Representative (Instructor)

 Date: _____   Date: _____

907 KAR 1:450
INCORPORATION BY REFERENCE
MARCH 2005 EDITION

MEDICAID SERVICES MANUAL

FOR

NURSE AIDE TRAINING AND

COMPETENCY EVALUATION PROGRAM

KENTUCKY MEDICAID PROGRAM

Cabinet for Health and Family Services
Department for Medicaid Services
275 East Main Street
Frankfort, Kentucky 40621

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I. INTRODUCTION

    A.   INTRODUCTION

          The Kentucky Medicaid Nurse Aide Training and Competency Evaluation Program (NATCEP) Manual provides the basic federal and state program guidelines for Medicaid providers to be used when providing a nurse aide training and competency evaluation program. Precise adherence to the program guidelines shall be imperative.

    B.   GENERAL INFORMATION

          The Department for Medicaid Services shall be bound by both Federal and State statutes and regulations governing the administration of the State Plan.

II.   OVERVIEW OF NATCEP

   A.   History

          The nursing home reform provisions of the Omnibus Budget
          Reconciliation Act (OBRA) of 1987 established the requirement for states
          to administer a nurse aide training and competency evaluation program.
          The NATCEP is for nurse aides who are employed by nursing facilities.

          The NATCEP was developed as a collaborative effort by the following:

          1.   Kentucky Community and Technical College System
          2.   Kentucky Board of Nursing
          3.   Office of Career and Technical Education, Department of Workforce
                  Investment, Education Cabinet
          4.   Kentucky Association for Health Care Facilities
          5.   Office of the Inspector General
          6.   KY Cabinet for Health and Family Services, Long Term Care
                  Ombudsman
          7.   Department for Community Based Services (DCBS)
          8.   District Bluegrass Long Term Care Ombudsman
          9.   Department for Mental Health and Mental Retardation
          10.   Department for Medicaid Services.

          The NATCEP has a seventy-five (75) hour course requirement. The
          NATCEP was designed to provide both classroom theory and instruction
          and clinical practice to assist the individual in gaining knowledge and skills
          essential to the provision of nurse aide services.

B.   Purpose

The purpose of the NATCEP is to prepare the nurse aide to provide high quality, direct patient care under the supervision of licensed nurse personnel. A primary goal of the NATCEP is to ensure the availability of a well-structured, uniform curriculum across the State that will provide a foundation for high quality nurse aide services.

Federal and State laws and regulations mandate requirements for residents in nursing facilities to receive high quality health care delivered by trained personnel. Additionally, the NATCEP focuses on the fostering of independent functioning, to the extent possible, of the nursing facility resident. This requires policy and procedural instruction as well as emphasizing the establishment and maintenance of a safe, non-threatening, independence conducive environment for the nursing facility resident.

C.   Objectives

Upon completion of a NATCEP a nurse aide will have a working knowledge of the physiological, psychological and sociological impact of institutionalization on the nursing facility resident. Further, the nurse aide will have the ability to do the following:

1.   Demonstrate good personal habits
2.   Recognize the nurse aide's role in organizational structure of the nursing facility
3.   Identify responsibilities of the nurse aide to the resident and health care team
4.   Demonstrate basic skills and techniques in performing uncomplicated nursing procedures according to the program standards
5.   Organize and administer nursing care to residents based on a plan of care and direction from charge personnel
6.   Demonstrate knowledge of resident's rights in assisting residents with their activities of daily living
7.   Demonstrate ability to assist residents in attaining and maintaining functional independence to the extent possible

8. Demonstrate proper care for and use of equipment and supplies necessary for resident care
9. Demonstrate sensitivity to the residents' physical, emotional, social and mental health needs through skillful, directed interactions
10. Actively participate in the maintenance of a non-threatening, independence conducive environment for the nursing facility resident

D. Definition of a Nurse Aide

A nurse aide is defined as an individual who has successfully completed a NATCEP, this includes nursing students, medication aides and those employed through nursing pools providing nursing or related services to nursing facility residents. A nurse aide shall not be a licensed health professional or volunteer.

III. PROGRAM REQUIREMENTS AND GUIDELINES

A.   The "basic course" consists of a minimum of seventy-five (75) hours with a minimum of sixteen (16) hours of supervised practical training. Supervised practical training means training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse.

B.   The nurse aide training program shall be conducted by a:

1.   Kentucky Community and Technical College System
2.   Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet
3.   Nursing facility program.
4.   Community college or university program.
5.   Licensed proprietary education program.
6.   Other licensed health care facility offering a nurse aide training program to its' own employees.
7.   Non-profit, church related or tax supported program that is not identified in the above categories.

Each agency shall request and receive approval from Medicaid Services. Approved nurse aide training programs shall be conducted in the Commonwealth of Kentucky.

C.   The classroom instruction shall be taught in a location that meets the following requirements:

1.   Environment shall be conducive to adult learning i.e.: well-lighted, well ventilated, quiet room.
2.   Necessary laboratory facility, equipment and supplies are provided to include, but not limited to: Patient bed, Linens and pillows for positioning, Sphygmomanometer, Stethoscope, Thermometers, Basins (for bed bath), Geriatric chair, Wheelchair, Restraints and protective devices, Bedpan, Urinals, Scales for height and weight, Samples of records of charting, e.g., Intake and Output, Vital Signs, Catheters and related supplies, Audio-visual equipment, and any other equipment needed for simulating resident care.

3. Adequate classroom and laboratory space shall be
   available to accommodate students. The class size shall not
   exceed fifteen (15) students per instructor.
4. The classroom, if held in a nursing facility, shall not
   interfere with normal resident activities.

D. The approved text for the nurse aide training program is Mosby's
   Textbook for Long-Term Care Assistants in its most recent
   edition. The competency evaluation is based on this text.
   Medicaid Services shall be informed and approve in writing any
   changes that may alter the instructional program. Each nurse aide trainee
   shall acquire an individual copy of the Mosby's text and workbook and
   shall not be charged for any portion of the costs incurred in facility based
   training, including books. Through this cooperative effort the material shall
   be maintained current and consistent with the competency evaluation
   (test).

E. Prior to any direct contact with a resident the trainee shall have at
   least sixteen (16) hours of training in the following areas:

   1. Communication and interpersonal skills;
   2. Infection control;
   3. Safety and emergency procedures;
   4. Promoting residents' independence; and
   5. Respecting residents' rights.

   The remainder of the seventy-five (75) hours of training shall include:

   (a) Basic nursing skills which shall include:

   1. Taking and recording vital signs,
   2. Measuring and recording height and weight,
        3. Caring for the residents' environment,
   4. Recognizing abnormal changes in body functioning and the importance
      of reporting such changes to a supervisor, and
   5. Caring for residents when death is imminent.

   (b) Personal Care Skills, including, but not limited to bathing, grooming,
       mouth care, dressing, toileting, assisting with eating and hydration,
       proper feeding techniques, skin care, transfers, positioning and turning.

(c) Mental Health and Social Service Needs which shall include:

1. Modifying aide's behavior in response to residents' behavior,
2. Identifying developmental tasks associated with the aging   process,
3. How to respond to resident behavior,
4.   Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident dignity, and
5. Using the resident's family as a source of emotional support.

(d) Care of Cognitively Impaired Residents:

1. Techniques for addressing the unique needs and behaviors of individuals with dementia (Alzheimer's and others),
2. Communicating with cognitively impaired residents,
3. Understanding and responding to the behavior of cognitively   impaired residents, and
4. Methods for minimizing the effects of cognitive impairments.

(e) Basic Restorative Services which shall include:

1. Training the resident in self care according to the resident's abilities,
2. Use of assistive devices in transferring, ambulation, eating and dressing,
3. Maintenance of range of motion,
4. Proper turning and positioning in bed and chair,
5. Bowel and bladder training, and
6. Care and use of prosthetic and orthotic devices.

(f) Residents' Rights which shall include:

1. Providing privacy and maintaining confidentiality,
2. Promoting the resident's rights to make personal choices to accommodate their needs,
3. Giving assistance in resolving grievances and disputes,
4. Providing needed assistance in getting to and participating in resident and family groups and other activities

5. Maintaining care and security of residents' personal possessions and environment,

6. Promoting the resident's right to be free from abuse, mistreatment, and neglect, and the need to report any such instance to appropriate facility staff, **Adult Abuse Hotline Telephone Number: 800-752-6200,** and

7. Avoiding the need for restraints in accordance with current professional standards.

F. The suggested time schedule for the Medicaid approved curriculum may be lengthened in order to meet the learning abilities of students. The instructors are encouraged to spend more than the minimum time on various topics as needed.

G. Evaluations of the course and instructor shall be requested from the student at the end of each class for the purpose of program evaluation by the instructor, The evaluation shall be kept on file for the on-site review.

H. Each student's training and testing records shall be maintained for at least five (5) years and available upon request.

I. Before starting the class it is the Program Coordinator's responsibility to contact the Nurse Aide Registry and Abuse Registry to assure that all students enrolled are qualified. Qualified means the individual is not listed on the Nurse Aide Registry and Abuse Registry with a finding of neglect, abuse or misappropriation of resident property. The instructor shall also inform each student that upon successful completion of the nurse aide training and competency evaluation program their name shall be placed on a state registry, which shall be made available to other states and interested parties.

J. A trainee shall be terminated from the Program when documented and substantiated evidence is presented that the trainee is guilty of resident neglect, abuse, or misappropriation of resident property. These individuals shall be placed on the abuse registry maintained by the Kentucky Board of Nursing for the Department. In accordance with 907 KAR 1:450, Section 8 (2), (3), and (5) upon request, the trainee shall be given the opportunity for a review of the allegations.

K. If the clinical instructor is not the primary instructor, the clinical instructor shall provide documentation of the student's clinical competency to the instructor of the classroom course before any arrangements are made with an examiner for the state competency evaluation.

L. A student shall pass a minimum of three (3) written or oral tests throughout the classroom course with an average score of at least seventy (70) percent to be eligible for the state competency evaluation.

M. By means of the Kentucky Medicaid Nurse Aide Test Roster distributed by KCTCS, bearing the provider's Kentucky Department for Medicaid Services Training Provider Approval Number, the instructor shall advise the KCTCS Regional Nurse Aide Coordinator, of those students who have successfully completed the seventy-five (75) hours of nurse aide training and are eligible to take the state competency evaluation.

N. The primary instructor shall maintain a performance record of major duties and skills taught which consists of, at a minimum:

  1. A listing of objectives for the program;
  2. The date the aide successfully met the objective; and
  3. The name of the instructor supervising the performance.

At the completion of the nurse aide training program, the nurse aide and his employer shall receive a copy of this record. If the individual did not successfully perform all duties or skills on the performance record, he shall receive supervision for all duties and skills not satisfactorily performed until satisfactory performance is confirmed.

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IV. STUDENT INFORMATION

A. In order for the Kentucky Medicaid Program to reimburse the cost of nurse aide training, a student shall be employed as a nurse aide by a long-term care facility that participates in the Program and shall complete the seventy-five (75) hour approved training program.

B. A person who begins employment as a nurse aide in a long-term care facility on or after October 1,1990 shall attend the entire seventy-five (75) hour training course before taking the final competency evaluation.

C. An individual who has successfully completed a nursing fundamentals course in either a prelicensure practical nursing or registered nursing education program, within the past twelve (12) months, shall not be required to complete the seventy-five (75) hour nurse aide training program. An official transcript shall be presented to the KCTCS Regional Nurse Aide Coordinator for the competency exam to be scheduled.

D. An individual employed in a permanent position as a nurse aide shall satisfactorily complete the nurse aide training and competency evaluation program within four (4) months of employment.

E. A nurse aide employed on a temporary, per diem, leased, or any other non-full time status shall have completed a NATCEP or competency evaluation program (CEP) prior to working in a nursing facility.

F. An individual (former nurse aide) who has not performed nursing or nursing-related services for pay for a twenty-four (24) month continuous period, shall be required to complete a new nurse aide training and competency evaluation program and competency evaluation exam.

G.   Each time a nurse aide training course is completed the nurse aide trainee shall have three (3) opportunities to successfully complete the entire competency evaluation exam.

H.   Absences shall be monitored by the instructor. A student may be given the opportunity to make up the absence at the instructor's discretion.

I.   An individual who is not employed as a nurse aide shall have one (1) year from the completion of a nurse aide training or fundamentals of nursing course to successfully complete the competency evaluation exam.

J.   A nurse aide who has never been on the nurse aide registry shall complete the initial sixteen (16) hours of classroom training prior to direct involvement with a nursing facility resident.

V. INSTRUCTOR REQUIREMENTS

A. Nurse aide training shall be performed by or under the general supervision of a registered nurse who has a minimum of two (2) years of experience, at least one (1) of which shall be in the provision of long-term care facility services. An instructor of nurse aides shall be required to have completed a course in teaching adults or shall have experience in teaching adults. A licensed nurse may also act as an instructor in NATCEP as long as a registered nurse maintains ultimate responsibility for the program and is available to provide instruction in areas in which a licensed nurse may lack technical expertise. However, a licensed nurse shall also have completed a course in teaching adults or shall have experience in teaching adults. The Director of Nursing may supervise the nurse aide training in a facility but shall not perform the actual training.

B. A registered nurse or a licensed nurse may be granted reciprocity from another state for the Methods of Instruction (MOI) training if the training is equivalent to Kentucky's course work. A certificate of completion and a course curriculum shall be submitted to Medicaid Services for approval.

C. Qualified resource personnel from the health field may participate in the training, as appropriate. Examples include pharmacists, dietitians, social workers, physical therapists, speech therapists, occupational therapists, gerontologists, nursing home administrators, fire safety experts and resident rights experts. Where applicable these individuals shall be licensed, registered or certified. All qualified resource personnel shall have a minimum of one (1) year of current experience in their fields.

VI. FINAL EXAMINATION/COMPETENCY EVALUATION

A. The Kentucky Community and Technical College System, has responsibility for the final written or oral examination and the skills demonstration aspect of the competency evaluation. The test questions are developed based on the State-approved curriculum by the KCTCS with input from Medicaid Services. The test has been validated by the KCTCS to ensure its reflection of the material presented in the training. The KCTCS also has the responsibility to maintain the integrity of the test and the individual examinations.

B. In order for the Commonwealth to assure only individuals eligible to work and have successfully completed the CEP shall be listed on the nurse aide registry. Test candidates shall present to the competency evaluation proctor the following documents to verify employability in the USA:
(1) Unexpired State or Federal issued photo identification;
(2) A United States Social Security card that is NOT laminated;
(3) If the Social Security Card has "Not valid for employment without Immigration and Customs Enforcement authorization" or a similar statement on it, an Employment Authorization Document (EAD) issued by the US Department of Homeland Security; and
(4) All personal documents shall identify the individual's same full name to include middle initial.

C. The performance evaluation shall be administered and evaluated by a registered nurse with at least one (1) year's experience in providing care for the elderly.

D.   The oral examination may be substituted for the written examination for persons with limited literacy skills. If oral, the examination shall be read in a neutral manner. A nurse aide may bring a translating   dictionary to use when taking the written exam but may not bring an interpreter.

E. The written and skills demonstration final examinations are usually held at area technical education centers, KCTCS or health occupation schools. The competency evaluation program may, at the nurse aide's option, be conducted at the facility in which the nurse aide is or will be employed unless the facility is described in SECTION III (C) of this manual. All competency evaluation program designs shall be approved in writing by Medicaid Services.

F.   The skills demonstration aspect of the examination shall consist of a minimum performance of five (5) tasks. These five (5) tasks are selected from a pool of evaluation items and shall include the required personal care skills. To satisfactorily complete the evaluation the student shall make a score of at least seventy (70)
percent and successfully demonstrate five (5) procedures under the observation of the examiner. Any critical criteria task, shall be accomplished with 100 percent accuracy. Task related evaluation items are developed to also evaluate non-task orientated competency of the student, such as communication, comprehension, and psychosocial skills.

G.   If a student has a disability e.g., hearing impairment but is competent in all areas except those affected by the disability, this may be noted as an exception on his record and on the score sheet before submitting these documents to the student and to the registry. The nurse aides name may be identified on the registry indicating that he has a disability. Nurse aide trainees with a disability shall successfully complete the NATCEP prior to placement on the registry.

H.   A person who fails the competency evaluation exam the first time shall have the opportunity to retake the test twice. The trainee shall be advised of the areas he did not successfully complete. If the test is failed for the third time, the individual shall retake and successfully complete the entire training program before being allowed to retest. Successful completion of the competency evaluation shall be accomplished within four (4) months of the date of employment. If a nurse aide trainee has not successfully completed the training and testing and changes employers he/she shall be allowed three (3) times to train and nine (9) times to test within the year.

VII. RECORDS

A. Within thirty (30) days of satisfactory completion of the competency evaluation, KCTCS shall forward to the registry, the names and social security numbers and other identifying information of students who have successfully completed the competency evaluation. No registration charges shall be imposed on individuals placed on the registry.

B. The student shall be advised in writing by KCTCS of the competency evaluation results.

C. The registry shall contain the name of each individual who has successfully completed the competency evaluation. It shall also include the name of each individual who has successfully challenged the competency evaluation program or has been granted an exemption or reciprocity. Any findings of abuse, neglect, or misappropriation of property shall be placed on the registry. Documentation shall include the nature of the allegation and evidence that led the State to conclude that the allegation was valid, the date of the hearing and its outcome, and a statement by the individual disputing the allegation, if he chooses to make one. This information shall be included in the registry within ten (10) working days of the findings and shall remain on the registry permanently unless the findings were made in error, the individual was found not guilty in a court of law, or the state is notified of the individual's death.

It is the employing facility's responsibility to verify that the nurse aide is on the nurse aide registry in good standing. Documents verifying successful completion of a NATCEP shall not substitute for confirmation by the registry.

The nurse aide registry shall renew a nurse aide's registration at least once every two (2) years. Registration shall be denied if the nurse aide has not worked as a nurse aide for compensation for twenty-four (24) consecutive months or longer.

D.   Upon request the state shall provide specific information from the registry as follows:

    1.   Whether or not the aide's name is on the registry as having completed the nurse aide training competency evaluation program or competency program;

    2.   The findings of any substantiated complaint received regarding the aide; and

    3.   Any statement made by the aide regarding the complaints.

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VIII. ABUSE REGISTRY, HEARING RIGHTS, AND PETITION FOR REVIEW

The Commonwealth of Kentucky, Office of Inspector General is designated by the Centers for Medicare and Medicaid Services as the state survey and certification agency to:

a. *In accordance with 42 CFR 483.156(b)(2) be responsible for placing findings of resident neglect, abuse and misappropriation of resident property by a nurse aide; and*

b. *Provide for an implicated nurse aide in accordance with Administrative Regulation 906 KAR 1:100 procedures for:*
   1. A hearing;
   2. Appeal rights; and
   3. A petition for review.

SECTION IX - RECIPROCITY

IX. RECIPROCITY

    A.   A Nurse aide whose name is on another State's Nurse Aide Registry may be granted reciprocity in Kentucky. The individual may be deemed competent for employment in a nursing facility based upon written verification from the agency that maintains the involved State's Nurse Aide Registry. This verification shall include the aide's name, social security number or other identification number, the date the name was placed on the registry and any documented findings pertaining to the individual. In addition, an employment record shall be provided to the registry to verify that twenty-four (24) months have not expired since he worked for pay as an aide. Reciprocity shall not be granted for anyone who has a validated complaint which is documented on a registry.

    B.   To request reciprocity, a nurse aide may call:

Kentucky Nurse Aide Registry
312 Whittington Parkway

Suite 300-A
Louisville, KY 40222-5172
Telephone: (502) 429-7047
Toll Free: (888) 530-1919
Fax: (502) 696-3957

X. CERTIFICATION

A.   Certification of nurse aides is NOT required; therefore, the term "Certified Nurse Aide" shall NOT be used in connection with completion of this course. This is the Medicaid approved training program for nurse aides and the registry shall be used only for validation of successful completion of the nurse aide training and competency evaluation program. The registry shall also provide information pertaining to any documented finding by a state of resident neglect, abuse or misappropriation of resident property involving an individual listed on the registry, as well as any brief statement of the individual's disputation of the findings.

B.   Long-term care facilities are encouraged to provide recognition to students who have successfully completed the competency evaluations, e.g., pins, certificates, ID cards.

_____

XI. CONDITIONS OF PARTICIPATION AND COMPLIANCE WITH PROGRAM REQUIREMENTS

    A. Approval to conduct a NATCEP:

    In order to conduct a NATCEP the agency or facility must request and receive approval by the Department for Medicaid Services. Requests for approval shall be submitted to Medicaid Services by means of a completed MAP-414, (Appendix I), in its most current edition. The request shall include written documentation pertaining to the following:

1. That the state-approved basic curriculum shall be followed.
2. That all requirements shall be met with regard to program content, hours of classroom instruction and clinical practice.
3. The qualifications of the classroom instructor and clinical supervisor.
4. The method of clinical supervision.
5. The qualifications of any other faculty members for any aspect of the program.
6. The physical facilities that shall be used in classroom and skills training.
7. Assurances of access to a long-term care facility for the clinical experience aspect of the program with a written memorandum of agreement if other than a facility-based program.
8. A description of each complaint received about the program in the previous two (2) years.
9. A signed statement indicating that the facility is in good standing with the Office of the Inspector General.

    Within ninety (90) days of receipt Medicaid Services shall advise the requester whether or not the program has been approved or request additional information. The approval of a nurse aide training and competency evaluation program shall not be for a period longer than two (2) years. Approved programs shall notify Medicaid Services in writing and receive approval when there are substantial
changes made to their programs. No charges shall be imposed on individuals employed by nursing facilities for training or testing required as result of the changes.

_____

B. Disapproval to conduct a NATCEP

Pursuant to 42 CFR 483.151, training programs offered by or in a nursing facility shall not be approved if in the previous two (2) years they have had:

1. A waiver of the licensed nurse or registered nurse requirement for a period of in excess of forty-eight (48) hours;
2. An extended (or partial extended) survey;
3. Sanctions imposed by Medicare or Medicaid law including a civil money penalty of not less than $5,000, denial of payment, appointment of temporary management, closing the facility or transferring residents, or termination.
4. Had facility participation terminated under the State plan;
5. Was subject to a denial of payment for medical assistance under the state plan;
6. Operated under temporary management appointed to oversee the operation of the facility and to ensure the health and safety of its residents; or
7. Was closed or had its residents transferred due to department action.

If approval is withdrawn for an existing Nurse Aide Training program, the department shall notify the program in writing, indicating the reason(s) for withdrawal of approval of the program. An individual who has started a training program for which approval has been withdrawn shall be allowed to complete the course.

In accordance with 42 USC 1396 r(f)(2)(C), the department may waive the disapproval of programs offered in a nursing facility if the department:

1. Determines that there is no other such program offered within a reasonable distance of the facility ;
2. Assures through an oversight effort that an adequate environment exists for operating the program in the facility;
3. Provides notice of waiver determination and assurances to the State long term care ombudsman; and
4. Duration of Waiver - A waiver may not exceed two (2) years but must be withdrawn earlier if the facility is subsequently found to no longer meet the waiver criteria

C. Initial Post-Approval and Ongoing Review:

After initial approval of the training program, each program shall be monitored as follows:

1. Approved nurse aide training programs conducted by nursing facilities shall be monitored on-site, during the regularly scheduled standard survey process.

2. The monitoring system used by KCTCS and the Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet shall be used for the nurse aide training programs conducted by KCTCS and the Office of Career and Technical Education, Department of Workforce Investment, Education Cabinet. This monitoring shall be conducted on-site annually. KCTCS and the Office of Career and Technical Education shall submit an annual report to Medicaid Services.

3. Medicaid Services shall conduct the monitoring of all other approved nurse aide training programs. After initial program approval, Medicaid Services shall, within one year, conduct an on-site review. Thereafter, Medicaid Services shall conduct an on-site review annually.

4. If the program is found to be noncompliant, a plan of correction shall be submitted to Medicaid Services within thirty (30) days. If the plan of correction is not submitted or is not approved, the program shall be decertified and shall not be eligible to reapply for a nurse aide training program until two (2) years from the date of decertification.

5. Medicaid Services shall withdraw the approval of a nurse aide training and competency evaluation program that does not permit unannounced visits by the State. If a nurse aide training program is decertified for any reason, no new trainees shall be enrolled. However, those trainees in the process of training shall be allowed to finish the training and test.

XII.   ON GOING STAFF DEVELOPMENT

A.   Each nursing facility is required to provide a minimum of twelve (12) hours of ongoing staff development annually, per date of employment, for each nurse aide employed who has completed the training program. The facilities shall complete a performance review of every nurse aide at least once every twelve (12) months, and shall document that the staff development shall be based on the outcome of these reviews. Cognitive impairment, Alzheimer's Disease and Dementia's other than Alzheimer's Disease and the special needs of these residents shall also be addressed annually. The facility shall ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for resident's needs, as identified through resident assessments, and described in the plan of care. The training may be conducted in-groups or on an individual basis when necessary.

B.   Each nurse aide shall be compensated for time spent in staff development and there shall be documentation of the content of the training program and a staff attendance record kept. Nursing facilities may develop an internal policy to ensure staff development attendance.

XIII. REIMBURSEMENT

A. The Kentucky State Medicaid Program provides for the reimbursement of costs to Nursing Facilities incurred in completing a nurse aide training and competency evaluation program or competency evaluation program for nurse aides employed by, who become employed by or who obtain an offer of employment from a facility within 12 months of completing such program.

B. A nurse aide who is employed by or has received an offer of employment from a facility on the date on which the aide begins a nurse aide training program shall not be charged for any portion of the program, including fees for textbooks or other required course materials.

C. If an individual who is not employed, or does not have an offer to be employed, as a nurse aide becomes employed by, or receives an offer of employment from a facility not later than twelve (12) months after completing a nurse aide training program, the department must provide for the reimbursement of costs incurred in completing the program on a pro rata basis during the period in which the individual is employed as a nurse aide.

D. The Nurse Aide Training (NAT) maximum reimbursement amount is $.45 per medicaid patient day.

E. The days used to determine the maximum allowable NAT reimbursement is the Medicaid days reported on the Nursing Facility Medicaid supplemental schedules received by the department from each provider for the most recent twelve-month period preceding the federal fiscal year.

F. The billing forms MAP-576 shall be used by each nursing facility to bill the Kentucky Department for Medicaid Services for its actual and reasonable cost of providing nurse aide training. Each nursing facility shall complete and file a MAP-576 on a monthly basis.

SECTION XIII – REIMBURSEMENT

G. NAT reimbursement claims shall be submitted to:

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Long Term Care and Community Alternatives
275 East Main Street, 6W-B
Frankfort, KY 40621-0001
Attention : Nurse Aide Training Coordinator

ATTACHMENT – MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION FOR PAYMENT INSTRUCTIONS

The MAP-576 is used to reimburse nursing facility providers their actual and reasonable cost of providing nurse aide training. Nursing facilities are to bill only for their own employees and not employees of other facilities. However, all students must be listed on MAP-576 page 2 to allow for proper cost apportionment. Each nursing facility provider shall complete and file its own MAP-576 on a monthly basis. Billings should only be initiated upon completion of the training program by the student.

Page 1 Instructions:

1. Enter provider name and address along with Medicaid provider number and the month and the year.

2. Enter the applicable costs associated with the training including: invoice or reference numbers, item descriptions, units, costs per unit, etc. These costs should include all expenses related to nurse aide training to be reimbursed by the Medicaid program. The Department understands that the expenses claimed may differ from facility to facility based upon how the facility secures training. Each entry must be verified by appropriate documentation.
   - Documentation verifying the instructors classroom hours (copy of monthly teaching schedule or calendar).
   - Class supplies, copy of invoice for all items purchased.
   - Testing fees, include a copy of the KCTCS test roster and a copy of the KCTCS billing invoice.
   - The expense of copying information used in classroom instruction does not require an invoice. Example of line entry ; 100 copies @ 10 cents = $10.00

3. Line A - Sum all cost entered in step number 2.

4. Line B - Enter the percentage of nursing facility employee students to total students as determined on page 2 of the MAP –576.

5. Line C - Multiply the percentage of nursing facility employee students to total students by the total cost of training.

6. Line D - Enter the total Medicaid days from the most recent cost report. (Schedule F, Part E, line 6, column 1 of the cost report)

7. Line E - Enter the total certified nursing facility days from the most recent cost report. (Schedule F, part E, line 4, column 1 of the cost report)

8. Line F - Divide line D-total Medicaid days-by line E-total certified nursing facility days-to obtain the Medicaid utilization percentage.

9. Line G - Multiply the result of line C by line F to obtain Medicaid's portion of nurse aide training costs related to nursing facility employees.

10. Complete and sign the certification statement by the appropriate facility personnel. This section must be completed before any payments can be authorized or issued.

Page 2 Instructions

1. Complete columns one (1) through six (6) for each student attending the training including student name, social security number, employment location, student's payer source, and the completion date of training.

2. Indicate whether or not your facility has a Medicaid approved Nurse Aide Training program. If not, please indicate the location(s) where the training was received.

3. Calculation of Nursing Facility students to total students.

    A. Line 1 - Enter the number of employee students from column three (3).

    B. Line 2 - Enter the total number of students reported in column one (1).

    C. Line 3 - Divide Line 1 by Line 3 to calculate the percentage of students employed by your facility.

DECEMBER 2003
MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION
FOR PAYMENT

Provider Name and Address:

Expenses incurred are reimbursed
subject to provisions of Medicaid
Provider Agreement (Map – 343):
_____
(Medicaid Provider Number)

Billing for the month of _____ **20** ____ **.**

PLEASE TYPE OR PRINT ALL INFORMATION AS ILLEGIBLE REQUESTS CAN NOT BE PROCESSED

Reference #	Item Description	Units	Cost per unit	Cost

Line A   **Total Cost**

Line B   **Enter % page 2, Line 3 (% of students employed by facility)**

Line C   **Enter product of Line A *Line B (portion of costs related to employees)**

Line D   **Total Medicaid Days from most recent cost report**

Line E   **Total CNF Days from most recent cost report**

Line F   **Line D divided by Line E (Medicaid %)**

Line G   **Enter product of Line C *Line F (Medicaid's portion of total costs)**

Before Payment can be processed this certification section must be completed.

I certify that the above items represent actual costs incurred to Nurse Aide Training requirements for
employees of this facility and are reimbursable under guidelines established by the Department for
Medicaid Services, specifically 907 KAR 1:450.
Date: _____
Signed: _____ **(officer of administrator of facility)**
Phone # _____

DECEMBER 2003
MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION
FOR PAYMENT

Program Code: <u>WCCN</u> Account #: <u>01-49-746-WCCN-E466</u> and <u>12-49-746-WCCN-E466</u>
This payment report has been received and verified by:

Title:

This payment report is approved for payment by:

Title:

Column 1 Student Name	*Column 2* Social Security Number	*Column 3* Is the student a facility employee? Yes or No	*Column 4* If Col. 3 is yes, enter hire date	*Column 5* If Col. 3 is no, enter students payer	*Column 6* Completion date of training

PLEASE TYPE OR PRINT ALL INFORMATION AS ILLEGIBLE REQUESTS CAN NOT BE PROCESSED

MAP-576 NURSE AIDE TRAINING EXPENSE REPORT AND AUTHORIZATION FOR PAYMENT

Does your facility have a Medicaid approved Nurse Aide Training Program? _____

If not, please enter the name and address of the entity providing Nurse Aide training for your employees.

Name	_____
Address	_____
	_____
Phone Number	_____
Nurse Aide Training Number	_____
Provider Number	_____

If necessary, additional pages may be completed so that all students completing training can be listed. However, only one nursing facility student to total student ratio should be calculated for all sheets and carried forward to page 1, Line B.

Ratio of Nursing Facility Student to Total Students

Line 1	**Enter Number of Employee Students from Column 2**	_____
Line 2	**Enter Total Number of Students from Column 1**	_____
Line 3	**% of Students employed by the nursing facility**	_____
	(line 1 divided by line 2)	

Department for Medicaid Services
Application for Approval of Nurse Aide Training Program

1. Date of application _____

2. Name of training program provider/facility _____

3. Administrator _____

4. Address _____

   _____

   _____

5. Telephone number area code (   )_____

6. Federal I.D. number _____ County:_____

7. Type of nurse aide training provider (Please check)

   _____Office of Career and Technical Education, Department of Workforce Investment,
            Education Cabinet and/or KCTCS

   _____ Nursing Facility

   _____ Community College or University

   _____ Proprietary Education _____ License Number

   _____ Other licensed health care facility offering nurse aides training
            to its' own employees.

   _____ Non-Profit, church related or tax supported program not
            identified in above categories.

8. Ownership and type of organization (i.e. corporation. pubic, private, sole proprietorship,
   etc.) _____

   _____

   _____

   _____

9. Classroom/laboratory facility address _____

   _____

   _____

   _____

   _____

10. Description of classroom/ lab facilities_____

   _____

11.   List equipment and supplies for classroom instruction _____

_____

__ _____

_____ _____

_____

12.   Name and address of facility to be used for clinical practice. (Please enclose letter of agreement.)_____

_____

_____

13.   Attach lesson plan schedule (syllabus - days and times allowed for a whole unit to be completed with each session) to comply with the 75 hour curriculum including a minimum of 16 hours of supervised practical training.

14.   Name and title of program supervisor _____

     Active/current Kentucky R.N. licensure number: _____
     (Attach a copy of License)

     The Director of Nursing may be the program supervisor, but may not instruct any portion of the course.

15. Work experience that will qualify the RN as the supervisor (minimum of two (2) years experience in nursing at least one of which is in the provision of long-term care services. _____ _____

_____

_____

_____

16. Methods of Instruction (M.O.I.) program, location/ date attended by the supervisor: (Attach copy of M.O.I. Certificate): _____

_____

17. Name and title of second instructor if different from above (see No. 14)_____

_____

18. Active/ current Kentucky RN or LPN License: _____ _
    (Attach copy of License)

19. Work experience that will qualify the second instructor to teach the training._____

_____ _____ _____

_____

20. Methods of Instruction program, location/ date attended by the second instructor:
    (Attach a copy of M.O.I. Certificate):

_____

_____

21. The undersigned provider:

A. Agrees to comply with and abide by all applicable federal and state laws and regulation, with Kentucky Medicaid Program's policies and procedures governing Title XIX approved nurse aide training programs.

B. Certifies that the above provider applicant is licensed by the state of Kentucky (applicable only to proprietary agencies).

C. Agrees to comply with the civil rights requirements set forth in 45 CFR Parts 80, 84, 90. (The Cabinet for Health and Family Services shall make no payment to providers of services who discriminate on the basis of race, color, national origin, sex, handicap, religion, or age in the provision of services.)

D. Agrees to maintain records of the training and competency performance of nurse aide who have successfully completed the program for a period of five (5) years. These records will be made available to the Department for Medicaid Services or its designee, upon request.

E. Assures that he or she is aware of KRS 194.500 to 194.990 and KRS 205.845 to 205.855 and 205.855 to 205.990 relating to medical assistance fraud.

F. Agrees to inform the Cabinet for Health and Family Services, Department for Medicaid Services, within 30 days of any changes in the following:

    (a)   name;
    (b)   ownership;
    (c)   licensure (for proprietary agency);
    (d)   primary instructor; or
    (e)   address
    (f)   clinical site

G.   Agrees that all information provided in this application is accurate and in accordance with the Kentucky Department for Medicaid Services policies and procedures for Nurse Aide Training and Competency Evaluation Program.

For Department for Medicaid Services Use Only

Approval of Nurse Aide Training Program by the Department for Medicaid Services.

_____
Authorized Medicaid Representative Signature

_____
Approval Number

_____
Date

ADDENDUM TO MAP 414

My facility is applying for approval to teach a nurse aide training program. I verify that, my facility within the previous two (2) years:

1) In the case of a Medicare SNF, has not operated under a nurse staffing waiver;

2) in the case of a Medicaid NF, has not operated under a nurse staffing waiver which allows waiver of more than forty-eight (48) hours of nursing staffing per week;

3) has not been subject to an extended or partial extended survey;

4) has not been assessed a civil money penalty described in section 1819 (h)(2)(B)(ii) or 1919 (h)(2)(B)(ii) of the Social Security Act of not less than $5,000; or

5) has not been subject to a remedy described in section 1819 (h)(2)(B), 1819 (h)(4), or 1919 (h)(2)(A). These sections describe temporary management, denial of payment for admissions, termination, emergency, transfer, and closure;

6) has not had its participation in Medicare or Medicaid terminated;

7) was not subject to a denial of payment under Medicaid or Medicare;

8) was not assessed a civil money penalty of not less than $5,000 for deficiencies in facility standards;

9) has not operated under temporary management; or

10) was never closed or had its residents transferred pursuant to state action.

_____
ADMINISTRATOR

_____
DATE

Medicaid Nurse Aide
Policy and Procedure

Kentucky Department of Education, Office of Career & Technical Education Consultant (OCTE) or Kentucky Community and Technical College System (KCTCS) Associate Director of Academic Services, will visit all Medicaid Nurse Aide Programs yearly. The OCTE Consultant, Elizabeth Bullock will visit all new Health Sciences Instructors/Programs. **A site visit to a new health sciences program will not be scheduled unless all books, supplies, equipment, teacher credentials, and contracts are ready for inspection.** During the required 3 hour orientation process documents are provided and discussed. Also, these documents can be located at the OCTE Consultant's (Elizabeth Bullock) website link at http://education.ky.gov/CTE/ctepa/Health/Pages/default.aspx.
The mandated regulations for the Medicaid Nurse Aide (MNA) program are listed below:

- **Attendance Policy**: An attendance policy must be used for each MNA program. The attendance policy must state that students are not eligible to sit for the MNA exam without completing at least 16 hours of clinical and 59 hours of theory. The students have not completed the program without these required hours and cannot sit for the MNA exam.
- **Abuse Register**: Below is the verbiage concerning the abuse registry checks that are required **before (within 10 days)** of beginning the class. This is from the Medicaid Services Manual, Section III, point I, on page 8.
  "Before starting the class it is the Program Coordinators responsibility to contact the Nurse Aide Registry and Abuse Registry to assure that all students enrolled are qualified. Qualified means the individual is not listed on the Nurse Aide Registry and Abuse Registry with a finding of neglect, abuse or misappropriation of the resident property. The instructor shall also inform each student that upon successful completion of the nurse aide training and competency evaluation program, their name shall be placed on a state registry, which shall be made available to other states and interested parties."
  THIS REGISTER CAN NO LONGER BE RUN BY THE INSTRUCTOR. IT MUST BE DONE BY KAREN SMITH AT THE OFFICE OF CAREER & TECHNICAL EDUCATION, IN ORDER TO BE VALID.
- **Class Size**: Instructors must limit their class size to fifteen MNA students per one instructor. This is mandated by the Cabinet for Family and Health Services and facilitates a learning environment for this type of course. The room size in the institution must be a minimum of 2030 square feet for instructional teaching and have a 150 square feet storage area.
- **Clinical Agreement**: This form is an agreement between the Kentucky Tech School and Clinical Site. The clinical agreement must be reviewed every year. The clinical agreement must be resigned if the instructor, principal, or the administrator at the clinical site has changed. This form must be signed before students are allowed to attend the clinical site. The clinical site must be an approved site and cannot be under an extended survey. Clinical sites may require drug test and background checks. Health Science Instructors are encouraged to inform clinical sites that records of minors are sealed. Thus, there is no reason to perform background checks on minors.

- **Clinical Hours**: The sixteen clinical hours for the MNA program must be completed at an approved clinical site and under the supervision of a registered nurse for the hours to be approved for completion of the class and testing. Prior to any direct contact with a resident the trainee shall have at least sixteen hours of training as outlined in the curriculum. If a nursing facility has an extended survey or a civil money penalty of $5000.00 or more then they lose their nurse aide training (NAT) program for two years. If, they have a NAT class in progress when either of the above happen they are allowed to complete the course BUT can't start a new class. You can complete the NAT class in progress and find a new "clinical site" before beginning the next class. Sites are checked during your yearly visit and if a new site is required, then you must check with the nursing home or OCTE Consultant to ensure this is an approved nursing home site. The instructor would need to notify the OCTE Consultant with this information so that her students will be allowed to take the state exam. Clinical uniforms and nametags are a school-based decision. It is encouraged to provide first name only on secondary student's nametag.
- **Clinical/Theory Hours**: All clinical and theory hours must be documented on each student and kept on file for five years. The student must have completed at least 59 theory and 16 clinical hours. During the yearly survey these hours will be assessed for each student, and the surveyor must be able to total every student's hours by separating their clinical and theory hours. Clinical and theory hours must be taught by an approved health sciences instructor.
- **Documents**: All new instructors are informed of the KCTCS web site to obtain important documents pertaining to the MNA class. The study guides are provided on this web site to enable the instructors to provide each student with a copy: http://kctcs.edu/System_Initiatives/Nurse_Aide/Nurse_Aide_Students.aspx Also, documents are located on the OCTE consultant (Elizabeth Bullock) in the classroom web site
http://education.ky.gov/CTE/ctepa/Health/Pages/default.aspx
- **Equipment and Documentation of Records form**: This form lists all the equipment the MNA program must have at all times to be approved to train MNA students. The equipment and documents will be inspected during the yearly onsite visit performed by the Department for Workforce Investment, Office of Career & Technical Education or Kentucky Community Technical College School (KCTCS) staff. Each student's training and testing records must be maintained for five years and available upon request.
- **Evaluations**: The students must fill out an evaluation on the teacher and MNA course at the end of each semester. This must be kept with the MNA files to enable the surveyor from OCTE or KCTCS to assess during the yearly site visit.
- **Hepatitis B Vaccination**: This form is to be signed by every MNA student and placed in his or her folder. This acknowledges that the instructor has explained the risk of acquiring Hepatitis B virus as a healthcare provider within the clinical site.   If the student has obtained a Hepatitis B immunization, a copy needs to be kept in their file. If the student is a minor, the guardian must sign the Hepatitis B form. Also, if the student is interested on obtaining the Hepatitis B vaccination, the teacher must provide information on how to begin the series of immunization shots. The student is responsible for the cost accrued to become vaccinated.

- **HOSA**: Each MNA program is encouraged to begin a HOSA chapter. A packet on how to begin a HOSA chapter is provided to all new instructors and programs. The HOSA fall and summer conferences are explained and instructors are encouraged to begin fundraising projects to enable students to attend conferences. Also, these web sites are provided to all instructors to use as a reference. www.HOSA.org. and
http://education.ky.gov/CTE/stuorg/Pages/HOSA---Future-Health-Professionals.aspx
- **Kentucky Medicaid Program Packet (Services Manual)**: The Cabinet for Family and Health Services publishes this packet for the Kentucky Medicaid Program. This packet explains all the rules that must be followed by the Kentucky Tech School that provides the Medicaid Nurse Aide (MNA) program. This is a great reference for new teachers to refer to when questions arise within their program. Also, every new teacher needs to read this packet and understand the guidelines. The Guidelines must be followed!!
- **Liability Insurance**:   Liability insurance must be obtained on each student before they are allowed to attend a clinical site. The student must be covered with professional liability insurance that covers a minimum limit of $1,000,000 per occurrence and $3,000,000 aggregate.   The student is responsible for this expense accrued during the MNA class. The student must be made aware of this expense during the classroom orientation process. A copy of the liability insurance policy must be kept in the MNA records and will be assessed during the yearly onsite visit.
- **Memorandum of Agreement**: The principal, health sciences instructor, and associate commisioner must sign this form. This document is an agreement between Department for Workforce Investment, Office of Career & Technical Education (OCTE) and the Kentucky Tech Area Technology Centers and their satellite programs that they will follow the Medicaid Nurse Aide guidelines within their program.
- **MOI Update Course**: Every new MNA instructor must have the New Teacher Institute (NTI) and three-hour Methods of Instruction (MOI) update course. If the instructor needs this course, please contact OCTE Consultant for information.
- **New MNA Instructors**: Every new MNA instructor receives an orientation packet with paperwork and will be visited by OCTE Consultant. All requirements for the MNA program are discussed as listed and the teacher is held accountable for adherence to the MNA polices. If any questions with an MNA class arise, teachers may contact OCTE Consultant for references to their questions.
- **Post-Secondary Students**: A letter must be sent requesting an adult program to be established. This letter must go to the KCTCS KNAT Coordinator before the ATC will be allowed to apply for the program. Once this has been approved then the ATC will apply to the OCTE Consultant for course site approval. If approved, the OCTE Consultant will assign an adult training number to the ATC which will be different from the secondary number. Fees charged for the adult program must be in compliance with KCTCS standards. The ATC cannot train adults until they receive verification that it is acceptable and an adult provider number is received. *If the ATC trains adults without becoming approved, then the classroom participates are not eligible to take the MNA test and must repeat the course at an approved site.*

- **Site Visit Report**: This form must be completed by the health sciences instructor at the end of the school year and mailed to the Department for Workforce Investment, Office of Career & Technical Education no later then **May 30th** *OF THE CURRENT SCHOOL YEAR.*. The health sciences instructor needs to fill out the form and mail it to Vicki Weaver, Kentucky Department of Education, Office of Career & Technical Education at 500 Mero Street 20th Floor, Frankfort, KY, 40601. *FAILURE TO PROVIDE THIS REPORT BY THE REQUIRED DATE MAY IMPACT THE ATC'S ABILITY TO PROVIDE MNA TRAINING.*
- **Statement of Understanding**: Every student must sign this form. It will be kept in the student's files for a minimum of 5 years. If the student is a minor, then the parent must also sign the form. This form has ten important statements that the student and parent must understand before the student attends clinical. Examples of topics explained on this form are Health Insurance Portability and Accountability Act (HIPAA), adherence to the ATC policies, the requirement for malpractice insurance, and the fact that students will provide care for patients in a clinical setting.
- **Task List**: This form must be in every student's file and completed by the end of the Medicaid Nurse Aide program. This form lists the seventy-five (75) skills the instructor must have taught to the student during the length of the course. The student needs to demonstrate the skill and knowledge of each listed procedure. The MNA Course card which is provided on the OCTE Consultant, Elizabeth Bullock's web page (in the classroom) will provide an accurate record of these skills. The instructor will initial and date when the student has demonstrated the procedure. At the end of the semester the students will receive a copy of this form to keep in their records.
- **TB Test**: Each student is required to obtain and have a negative TB test before they can attend clinical. The clinical site may require students to have completed a two-step TB skin test before attending clinical. The TB test must be kept in each student's file and will be assessed during the yearly survey. The students can obtain a TB skin test at the Health Department or their doctor's office at their expense. The health science instructor must also have a yearly TB skin test before they can attend clinical with their students or a chest x-ray as indicated by their physician.
- **Test**: A sample of three (3) tests administered during each MNA class must be kept on file. The tests will be reviewed during the yearly MNA survey. Also, the students must have taken a minimum of three written tests during the classroom course with a minimum average score of seventy percent (70%) to be eligible to sit for the final examination. Final course grade consist of the average of the written tests and completion of the 73 skills.
- **Testing**: Instructors are not allowed to test students that they have trained or participated in their training process. The Health Science Instructor is responsible to accurately complete the MNA test roster and to schedule testing date for qualified students. All candidates must present a state or Federal issued photo identification card and an original Social Security card (non-laminated). Photocopies of identification documents cannot be substituted for originals. Federal regulations require the registry to have the nurse aide's accurate name. This means there must be a **complete match of first name, middle initial and last name.** This means the first name and last names must match letter for letter and the middle initials must be the same. If one ID has the middle name and the

other has the initial for that name on it, this will be acceptable. LAMINATED SOCIAL SECURITY CARDS ARE VOID ACCORDING TO SOCIAL SECURITY REGULATIONS AND CANNOT BE ACCEPTED. If a Social Security Card has "Not Valid for Employment without INS Authorization", the individual must present their INS Authorization. If the INS Employment Authorization Document (EAD) bears the individual's photograph, it may be used for the required photo ID. Individuals failing to present required documents will be considered "NO SHOW". If you are classified as a "NO SHOW", you will be required to re-register and re-pay for your assessment(s). You will forfeit all test fees paid.

Refer back to the study guide for complete & up to date required documentation for testing

- **Testing Procedures Manual and Study Guide**:   This packet explains the testing procedures and provides a list of the skills that the MNA students must have demonstrated when the program is completed. A list of the Kentucky's Nurse Aide Testing (KNAT) coordinators is provided, and the web site where forms for the MNA program can be obtained are provided in this packet. Also, a critical procedure that must be completed within the skills during skills testing is explained to the new instructor for testing purposes. A critical step is defined as a step within a task that relates to physical safety of the resident, nurse aide, or medical asepsis (infection control). This will be denoted with an (*) asterisk in front of the step on the skills check sheet.   If the student does not successfully complete any of these steps, they will automatically fail the skills testing.

- **Textbook**: All MNA programs must have Mosby's Textbook for Long-Term Care Assistants most current edition for the students to use during classroom instruction and to take home for study. Also, the school needs to provide the Mosby's Long-Term Care Assistants current edition workbook for each student.

- **Training Numbers**: After OCTE Consultant has visited your MNA program and assessed your equipment for the MNA program, then a training provider number and facility number will be activated. Training sites are not allowed to begin a MNA class without this approval number. Satellite programs from the ATC must have their own approval number.   Satellite programs cannot use the ATC provider training number.   A site will be approved once its staff qualifications have been verified, and it has acquired all equipment and supplies for the program, and it has been visited by OCTE MNA Consultant. Training numbers are provided for the physical lab space which was approved. Lab space cannot be moved without prior consent and another site visit must take place. Any instructor changes within the MNA program must be reported to the OCTE Consultant within 30 days of the change.

Revised 7/31/2013

Kentucky Medicaid Nurse Aide

Curriculum Guidelines

Kentucky Community and Technical College System
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MEDICAID NURSE AIDE CURRICULUM GUIDELINES

I. INTRODUCTION: The 1987 Omnibus Reconciliation Act (OBRA) mandates education and competency evaluation for all nurse aides employed by nursing facilities in all states. This Kentucky Medicaid Nurse Aide Curriculum Guide meets the course requirements of the applicable Medicaid regulation (42 CFR 483.152).   This seventy-five (75) hour nurse aide training program includes a minimum of sixteen (16) hours of supervised clinical instruction.

II. Sixteen (16) hours of training in the following areas are required prior to any direct   contact with the resident:
   A. Communication and interpersonal skills
   B. Infection control
   C. Safety/emergency procedures, including clearing the obstructed airway -   conscious adult
   D. Promoting resident's independence
   E. Respecting resident's rights
      1. providing privacy and maintenance of confidentiality
      2. promoting the resident's right to make personal choices to accommodate their needs
      3. giving assistance in resolving grievances and disputes
      4. providing needed assistance in getting to and participating in resident and family groups and other activities
      5. maintaining care and security of resident's personal possessions
      6. promoting the resident's right to be free from abuse, mistreatment, and neglect, and the need to report any instances of such treatment to appropriate facility staff
      7. avoiding the need for restraints in accordance with current professional standards

III. The remaining theory/lab hours include the following:
   A. Personal care skills
      1. transfers, positioning, and turning
      2. caring for the resident's environment
      3. bathing
      4. grooming, including mouth care
      5. dressing
      6. skin care
      7. bedmaking
      8. assisting with eating and hydration
      9. proper feeding techniques
      10. toileting, including specimen collection

B. Basic nursing skills
   1. taking and recording vital signs
   2. measuring and recording height and weight
   3. recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor

C. Mental health and social service needs
   1. modifying aide's behavior in response to resident's behavior
   2. awareness of developmental tasks associated with the aging process
   3. how to respond to resident behavior
   4. allowing the resident to make personal choices, providing and reinforcing   other behavior consistent with the resident's dignity
   5. using the resident's family as a source of emotional support

D. Care of cognitively impaired residents
   1. techniques for addressing the unique needs and behaviors of individuals with dementia
   2. communicating with cognitively impaired residents
   3. understanding the behavior of cognitively impaired residents
   4. appropriate responses to the behavior of cognitively impaired residents
   5. methods of reducing the effects of cognitive impairments

E. Basic restorative services
   1. training the resident in self-care according to the resident's abilities
   2. use of assistive devices in transferring, ambulation, eating, and dressing
   3. maintenance of range of motion
   4. proper turning and positioning in bed and chair
   5. bowel and bladder training
   6. care and use of prosthetic and orthotic devices

F. Caring for residents when death is imminent

TITLE	CHAPTER	TIME
II. A. Communication and interpersonal skills	1, 2, 3, 4 , 5, 6, 8	6.0 hrs
B. Infection control	15	3.0 hrs
C. Safety/emergency procedures, including clearing the obstructed airway - conscious adult	12, 13, 14 & 47	3.0 hrs
D. Promoting resident's independence	8 & 10	2.0 hrs
E. Respecting resident's rights	2	2.0 hrs

This completes the requirements of 16 hours theory before the student can have direct contact with a resident.

III. A. 1. Transfers, positioning, and turning	16 & 17	3.0 hrs
2. Caring for the resident's environment	18 & 27	1.0 hr
*3. Bathing, including mouth care	20	10.0 hrs
*4. Grooming	21	
*5. Dressing	21	
*6. Skin care	17, 20, 35, & 36	
7. Bed making	19	4.0 hrs
**8. Assisting with eating and hydration	24	2.0 hrs
**9. Proper feeding techniques	24	
10. Toileting	22, 23, & 33	4.0 hrs

TITLE	CHAPTER	TIME
III. B. 1. Taking and recording vital signs	31	8.0 hrs
2. Measuring and recording height and weight	34	1.0 hr
3. Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor	27, 28, 34 - 42	2.0 hrs

*III. A. 3, 4, 5, and 6 are to be taught in 10 hours.
**III. A. 8 and 9 are to be taught in 2 hours.

*III. C. 1. Modifying aide's behavior in response to resident's behavior	2, 8, 10, 11, 43 & 44	4.0 hrs

2. Awareness of developmental tasks associated with the aging process
3. How to respond to resident behavior
4. Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity
5. Using the resident's family as a source of emotional support

TITLE	**CHAPTER**	**TIME**

*III.   D. 1. Techniques for
addressing the unique needs and
behaviors of individuals with dementia
        2. Communicating with
cognitively impaired residents
        3. Understanding the behavior
of cognitively impaired residents
        4. Appropriate responses to the
behavior of cognitively impaired
residents
        5. Methods of reducing the
effects of cognitive impairments

*III C. and D. are found in chapters 2, 8, 10, 11, 43 & 44 and are to be taught in 4 hours.

*III. E. 1. Training the resident in self-care according to the resident's abilities	22 (Bladder Training) 23 (Bowel Training)	2.0 hrs
2. Use of assistive devices in transferring, ambulation, eating, and dressing	26 (Range-of-motion exercises) & 46	
3. Maintenance of range of motion	46	
4. Proper turning and positioning in bed and chair		
5. Bowel and bladder training		
6. Care and use of prosthetic and orthotic devices		
III. F. Caring for residents when death is imminent	48	2.0 hrs

*III. E. is found in chapters 22, 23, 26 & 46 as noted above and the total time is 2 hours.

Chapter 9 "Body Structure and Function" needs to be integrated as it relates to content.

A minimum of three (3) multiple choice tests are required. All tests must be averaged and a 70% minimum average is required.

Required texts for students and instructors:

Sorrentino, S. A. and Gorek, B. (2010). *Mosby's textbook for long-term care nursing assistants (6th ed.).* St. Louis, MO: Mosby- Elsevier, Inc.
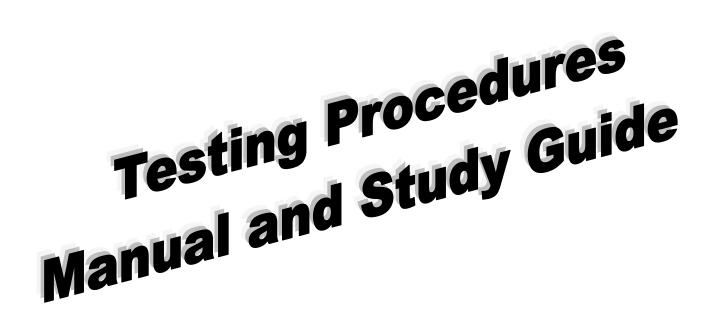Kelly, R. (2010). *Mosby's workbook for long-term care assistants* (6th ed.). St. Louis, MO: Mosby-Elesvier, Inc.
Kentucky Community and Technical College System (2007). *Kentucky Medicaid Nurse Aide Testing Procedures* M*anual and Study Guide.*

Resource materials for teachers:

(1) Mosby has an instructor website: http://evolve.elsevier.com with many great resources. Registration and verification of instructor status required
(2) *Instructor's resource manual: Mosby's textbook for long-term care nursing assistants (6th ed.).* St. Louis, MO: Mosby-Elsevier, Inc.
(3) The Federal Law related to Nurse Aide Training and Competency Evaluation (42 USC 1396r) and the Federal Regulation (42 CFR 483.152) can be found at http://www.gpoaccess.gov.
(4) The Kentucky Administrative Regulation (907 KAR 1:450) about nurse aide training and the registry can be found at http://www.lrc.ky.gov.
(5) The Kentucky Department for Medicaid Services Program Manual can be found at http://chfs.ky.gov/dms/incorporated.htm and scrolling down to 907 KAR 1:450.

NOTE: Compliance with all applicable regulations is the responsibility of the instructor and program administrators.

KENTUCKY MEDICAID NURSE AIDE

Testing Procedures Manual and Study Guide

6/20/2013 version

KCTCS
Kentucky Community and Technical College System
Based on the 2008 curriculum

The color of this cover is not an indicator of the version.

TABLE OF CONTENTS

INTRODUCTION

This handbook is designed to provide nurse aide test candidates and nurse aide educators with general information about Kentucky's Nurse Aide Testing Program (KNAT). Any questions relating to the information in this handbook may be addressed to your local Medicaid Nurse Aide Coordinator.

The approved text for the nurse aide training program is Mosby's Textbook for Long-Term Care Assistants in its most recent edition. The competency evaluation is based on this text. Each nurse aide trainee shall acquire an individual copy of the Mosby's text and workbook and shall not be changed for any portion of the costs incurred in **facility** based training, including books.

Nurse Aide Website

The nurse aide website is located at
http://kctcs.edu/en/System_Initiatives/Nurse_Aide.aspx.
This website contains valuable information for nurse aide students, test candidates, instructors, and facilities. This web address may be freely distributed

The website contains, but is not limited to, such information as:

> Nurse Aide Study Guide
> Updates from the Publisher to the Textbook
> Medicaid Services Manual
> Contact Information for the KNAT Regional Coordinators

Content is updated on a regular basis. **Nurse Aide trainers are mandated to provide each student a copy of the most current version of the study guide at no charge. The study guide becomes the property of the nurse aide student.**
.
Test candidates may schedule their assessment at ANY testing location. Test candidates are not mandated to use any particular testing facility regardless of where they received their training.

MEDICAID NURSE AIDE TEST COORDINATORS

Elizabeth Durham
West Kentucky Community & Technical College
HWY 62 W Blandview Rd
PO Box 7408
Paducah, KY 42002-7408
(270) 554-9200
(270) 444-8947 FAX
edurham0008@kctcs.edu

Nancy Propes
Madisonville Community College
Health Campus
750 N. Laffoon Street
Madisonville, KY 42431
(270) 824-1811
(270) 824-1872 FAX
Npropes0001@kctcs.edu

Janet Phillips
Owensboro Community & Technical College
4800 New Hartford Road
Owensboro, KY 42301-3744
(270) 686-4565
(270) 686-4687 FAX
janet.phillips@kctcs.edu

Pam Bulle
Bowling Green Technical College
Glasgow Campus
129 State Avenue
Glasgow, KY 42141
(270) 901-1202
(270) 651-8774 FAX
pamela.bulle@kctcs.edu

Elizabeth McGinnis
Ashland Comm. & Tech College
1400 College Dr – TDC Room 119
Ashland, KY 41101
(606) 326-2150
(606) 326-2186 FAX
ewood0017@kctcs.edu

Stephanie Bennett
Elizabethtown Comm. & Tech. College
620 College Street Road
Elizabethtown, KY 42701
Admin. Assistant: Carla Allen
(270) 769-2371
(270) 766-5276 FAX
carlam.allen@kctcs.edu

Carol Murch
Henderson Community College
2660 South Green St.
Henderson, KY 42420
(270) 831-9787
(270) 831-9718
carol.murch@kctcs.edu

Brenda Hickland
Hopkinsville Community College
720 North Dr.
Hopkinsville, KY 42240
(270) 707-3851
(270) 707-3989
bhickland0001@kctcs.edu

Jefferson Community & Tech College
109 E. Broadway
Louisville, KY 40202

Lindsay Hobbs
lhester0007@kctcs.edu
502-213-2504

Martha Bessler
Gateway Community & Technical College
Edgewood Campus
790 Thomas Moore Parkway
Edgewood, KY 41017
(859) 815-7643 – training
(859)442-1159 – testing
(859) 442-4192 FAX
mbessler0001@kctcs.edu

Sandra Goforth
Big Sandy Comm. & Tech College
Johnson Bldg Rm J159F
One Bert T Combs Dr
Prestonsburg, KY 41653
(606) 789-788-2885
(606) 789-9753 FAX
Sgoforth0009@kctcs.edu

Patricia Walters
Hazard Community & Tech College
101 Vo-Tech Drive
Hazard, KY 41701
(606) 487-3289
(606) 487-3351 FAX
patricia.walters@kctcs.edu

Jennifer Howard
Southeast Kentucky Community & Tech College
Pineville Campus
10350 US HWY 25E
Pineville, KY 40977
(606) 248-2159
jennifer.howard@kctcs.edu

Sally Parker
Maysville Community & Technical College
1755 US Hwy. 68
Maysville, KY 41056
(606) 759-7141
sparker0004@kctcs.edu

Francis Beaty
Somerset Community College
808 Monticello St.
Somerset, KY 42501
(606) 878-4752
(606) 679-3684 FAX
frances.beaty@kctcs.edu

Bluegrass Community & Tech. College District
164 Opportunity Way
Lexington, KY 40511-2623
(866) 788-5173 FAX

Michelle Lewis
859-246-6642
michelle.lewis@kctcs.edu

bll-nurseaidetesting@kctcs.edu
859-246-6733
The Bluegrass District covers Lexington, Danville, Lawrenceburg, and Winchester

MEDICAID NURSE AIDE TRAINING

OBRA

The nursing home reform provisions of the Omnibus Budget Reconciliation Act (OBRA) (42USC139 6 R) of 1987 established a requirement for a nurse aide training and competency evaluation program for nurse aides who are employed by nursing facilities. Cabinet for Health and Family Services, Department for Medicaid Services is the appointed regulatory authority.

A nurse aide is defined as any individual including a nursing student, medication aide and one employed through a nursing pool, providing nursing or nursing related services to facility residents, who is not a licensed health professional or volunteer. There is a requirement for a registry of all individuals who have satisfactorily completed a nurse aide training and competency evaluation program, or a nurse aide competency evaluation. The registry shall be established and shall be maintained by the Kentucky Board of Nursing.

In addition to the names of individuals having satisfactorily completed the nurse aide training and competency evaluation program, the registry shall include information addressing any State findings concerning any individual resident abuse or neglect or misappropriation of resident's property, and a brief statement (if any) by the aide disputing the findings.

COMPETENCY EVALUATION

The Kentucky Community and Technical College System (KCTCS) has responsibility for the final written or oral examination and the skills demonstration aspect of the competency evaluation. The test questions are developed based on the State-approved curriculum with input from members of the Nurse Aide Training Advisory Committee. The test is validated by KCTCS to ensure its reflection of the material presented in the training. KCTCS also has responsibility to maintain the integrity of the test and the individual examinations.

The oral examination may be substituted for the written examination for persons with a documented limitation of literacy skills.

The skills-demonstration aspect of the examination must consist of a minimum performance of five (5) skills. These five (5) skills are randomly selected from a pool of evaluation items.

If a student has a disability, an alternate form of the test may be administered. The alternate form of the test must be requested by the nurse test candidate. This request must be submitted on the appropriate form obtained from your regional KNAT coordinator at least 2 weeks prior to the test date.

LATEX ALLERGY: If a student has a latex allergy, non-latex gloves may be requested by the nurse aide test candidate. This request must be submitted to the KNAT coordinator at least 2 weeks prior to the test date.

MEDICAID NURSE AIDE TRAINING

COMPETENCY EVALUATION (continued)

To satisfactorily complete the evaluation, the student must:

1. Make a score of at least 70% (raw score of 52 or higher) on the 75 multiple-choice written examination; and

2. Must successfully demonstrate at least five (5) procedures under the observation of an examiner, with 70% accuracy. Some steps on some of the procedures are considered critical. These steps must be performed with 100% accuracy. An asterisk has denoted these steps.

A test candidate, who fails either part of the examination, may reschedule to take the exam at the next available test date. If the test candidate fails the written test but passes the performance test, the candidate must repeat the written test only. If the test candidate fails the performance test but passes the written test, the test candidate is required to repeat the performance test including all 5 skills. An employed individual has only three (3) opportunities to pass the test within the initial four (4) month employment period. An individual not currently employed in long-term care has three (3) opportunities to successfully complete the competency evaluation and be placed on the registry within one year of completion of training. (This includes nursing students, also.)

To apply for the competency evaluation program (CEP) a candidate must contact the health care facility administrator, who will then contact the Medicaid nurse aide test coordinator at the nearest test site. Nursing students and unemployed individuals with documentation of approved training (i.e. transcript of fundamentals, letter from training program which includes verification of clinical training component, etc.) may apply for the CEP by contacting a Medicaid nurse aide test coordinator listed on pages 4 – 5 of this study guide. Health Science students may apply for the CEP after successfully completing the Medicaid nurse aide curriculum in an approved training site.

RECORDS

Within thirty (30) days of satisfactory completion of the competency evaluation, KCTCS shall forward to the Kentucky Nurse Aide Registry, the name and social security number, address and test date of students who have successfully completed the competency evaluation.

The student, the nursing facility administrator, the training instructor, and the test coordinator will be advised in writing by KCTCS, of the competency evaluation (test) results.

The Kentucky Board of Nursing shall maintain, on the registry, the name of each student who has successfully completed the competency evaluation.

<div align="center">

Registry toll free – Nurse Aides: 888-530-1919
Online verification: http://kbn.ky.gov/knar/verifications.htm
Registry (toll) - 502-429-3347

</div>

The Kentucky Medicaid Nurse Aide Test consists of seventy-five (75) written multiple-choice test items, which are taken from the following task list.

TASK LIST FOR MEDICAID NURSE AIDE

Task	Chapter
1. Practice good personal hygiene	5
2. Maintain good personal health	5
3. Exhibit acceptable behavior	5
4. Work cooperatively with others	5
5. Maintain confidentiality	5
6. Observe the Resident's Rights	2
7. Identify and report abuse or neglect to appropriate person	4
8. Use plan of care to meet resident's needs	6,7
9. Communicate with resident, family, and staff	6,8
10. Assist resident in use of intercom/call system/telephone	18
11. Report observations/information to appropriate personnel	6,7
12. Recognize health problems related to the aging process	10
13. Recognize needs of the resident with cognitive impairment	43-44
14. Assist with providing recreational activities for the resident	26
15. Assist with giving postmortem care	48
16. Follow standard precautions & bloodborne pathogens standard	15
17. Wash hands aseptically	15
18. Provide for environmental safety	12-17
19. Adjust bed and side rails	18
20. Assist with application of protective devices	14
21. Report unsafe conditions to appropriate person	12
22. Assist with care of resident with oxygen	28
23. Follow fire and disaster plan	12
24. Assist resident who has fallen	13
25. Assist resident who has fainted	47
26. Assist resident who is having a seizure	47
27. Clear the obstructed airway - the conscious adult	12
28. Using elevation, direct pressure, and pressure points to control bleeding	47
29. Serve meals and collect trays	24
30. Recognize diet modifications/restrictions	24
31. Check food tray against diet list	24
32. Feed or assist resident in eating	24
33. Administer after meal care	24
34. Record and report intake and output	24
35. Give bed bath	20
36. Assisting with the partial bath	20
37. Assist resident with tub bath	20
38. Assist resident with shower	20
39. Make unoccupied (closed) bed	19
40. Make occupied bed	19
41. Perform or assist in performing oral hygiene for the conscious/unconscious resident	20
42. Assist with or shave resident	21
43. Give backrub	20
44. Give perineal care	20
45. Shampoo/groom hair	21
46. Give nail care	21
47. Assist resident with dressing and undressing	21
48. Provide urinary catheter care	22

TASK LIST FOR MEDICAID NURSE AIDE (Continued)

Task	Chapter
49. Provide care for the urinary incontinent resident	22
50. Provide care for the bowel incontinent resident	23
51. Assist resident in bladder retraining	22
52. Assist resident in bowel retraining	23
53. Assist resident in using bedpan/urinal	22
54. Assist with enema administration	23
55. Collect routine/clean catch urine specimen	33
56. Collect stool specimen	33
57. Collect sputum specimen	33
58. Use good body mechanics	16
59. Perform or assist with range of motion exercises	26
60. Turn and position the resident in bed	17
61. Transfer resident to and from bed/chair	17
62. Use a mechanical lift to transfer resident	17
63. Apply and use gait belt	13
64. Assist resident with standing/walking	26
65. Assist resident in using cane/walker	26
66. Transport resident by wheelchair	12 & 17
67. Move resident between stretcher and bed	17
68. Assist with admission, in-house transfer, and discharge of resident	34
69. Measure and record resident temperature by using oral, auxiliary, rectal and tympanic routes using non-mercury glass/electronic thermometer	31
70. Measure and record radial pulse	31
71. Measure and record respiration	31
72. Measure and record blood pressure	31
73. Measure and record resident height/weight	34
74. Assist in prevention of pressure/circulatory ulcers	35
75. Apply elastic stockings	35

TIPS FOR THE WRITTEN TEST

There are a number of skills that may help you improve your ability to take a test. Here are some tips that are strongly recommended:

Get a good night's rest before the test.

Be familiar with the test directions. If anything in the directions is not clear, ask the test administrator to clarify. You will have a few minutes to ask questions before the test begins.

Think through each question. Read each question word for word. Consider all of the answer choices. Do not choose the first answer that seems reasonable. Read and evaluate all choices to find the best answer to the question. Give careful consideration before going on to the next question, but do not spend too much time on any one question.

When selecting the best answer to a question, do not re ad too much into the questions. The questions are written to be clear and straightforward. They are not intended to be tricky or misleading.

If, after considering all answer choices, the correct answer is not clear, eliminate the choices you know are incorrect and choose from the remaining answers. You may want to review the questions after you have completed the rest of the test.

Always guess even if you cannot eliminate any of the possible responses. Every question will be scored right or wrong. Your test score is based on the number of questions answered correctly. You **do not lose** points for incorrect answers, so you will not be penalized for guessing.

After you have finished the test, review your answers. If possible, check all responses. Do not be afraid to change your answer. However, before changing your answer, consider the reason for your original answer.

Check all answers to be sure that they are correctly recorded on the answer sheet. Be sure that your answers are recorded next to the number on the answer sheet corresponding to the question number.

Facilities and test candidates are encouraged to schedule the test so they do not work 12 hours prior to the competency evaluation.

SAMPLE WRITTEN TEST ITEMS

Test Item:

1. A specimen collected by having the resident cough up a substance from the lungs and bronchial tubes is called

A. saliva
B. mucus
C. sputum
D. spit

2. You see bruises on a resident's face. You should notify

A. a state agency responsible for abuse
B. the charge nurse
C. the family
D. the physician

Bubble in the response for the sample written test items above

1.   **A B C D E**
         ① ② ③ ④ ⑤

2.   **A B C D E**
         ① ② ③ ④ ⑤

Correct Answers: 1. C 2. B

TIPS FOR THE SKILLS TEST

The skills demonstration aspect of the examination must consist of a minimum performance of 5 randomly selected skills

The following skills will be used for test purposes. At least 70% of the steps must be performed correctly in each skill. Some of the steps within a skill are considered critical and must be performed at 100% accuracy. An asterisk (*) identifies the critical steps.

A critical step is defined as a step within a task that relates to physical safety of the resident **or nurse aide** or medical asepsis (infection control).

Sequencing of steps will not be considered critical unless it becomes a physical safety or medical asepsis violation as defined above.

The skills test is **not** designed to teach. The skills test is designed to measure competency. No help will be given.

All test candidates are expected to complete the skills in a timely manner. At the evaluator's discretion, you may be given a 5 minute warning to finish the current skill.

For clarification of procedures, test candidates are encouraged to refer to the procedure checklist in your workbook.

Promoting Safety and Comfort: Bed Rails - page 156 of the approved text
Safety
You raise the bed to give care. Follow these safety measures to prevent the person from falling:
- For a person who uses bed rails – Always raise the far bed rail if you are working alone. Raise both bed rails if you need to leave the bedside for any reason.
- For the person who does not use bed rails – Ask a co-worker to help you. The co-worker stands on the far side of the bed. This protects the person from falling.
- Never leave the person alone when the bed is raised.
- Always lower the bed to its lowest position when you are finished giving care.

Comfort
The person has to reach over raised bed rails to access items on the bedside stand and overbed table. Such items include the water pitcher and cup, tissues, phone, and TV and light controls. Adjust the overbed table so it is within the person's reach. Ask if the person wants other items nearby. Place them on the overbed table too. Always make sure needed items, including the signal light, are within the person's reach.

For the purpose of testing, the resident's care plan indicates side rails are not to be used. Side rails will be raised when the bed is raised. Side rails will be lowered when the bed is lowered.

42 C.F.R 483.13(a) provides that "the resident has the right to be free from any physical or chemical restraints imposed for discipline or convenience, and not required to treat the resident's medical symptom." Centers for Medicare & Medicaid Services (CMS) defines "physical restraints" in the State Operations Manual (SOM), Appendix PP as, "any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts movement or normal access to one's body."

You will be expected to perform the skills as you would in a nursing home setting. When water is required, you must use water. All candidates will be required to perform the Wash Hands Aseptically skill. The evaluator will inform you after you have washed your hands for the first time that you should tell him or her when you would wash your hands during your performance of the rest of the skills rather than actually washing them for each skill. No other steps will give you credit for simply verbalizing to the evaluator what you would do, or for simulating the step, unless noted in this study guide next to that particular step within a skill. To receive credit for all other steps, you must actually demonstrate the step. The test will consist of 5 of the 26 skills, which follow:

APPLYING KNEE HIGH ELASTIC STOCKINGS

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise bed to best level for good body mechanics.
3.	Lower side rail on the side you are working. Place in supine position.
4.	Expose the leg while providing for privacy
5.	Turn the stocking inside out down to the heel.
6.	Slip the foot of the stocking over the toes, foot, and heel.
7.	Grasp the stocking top. Slip it over the foot and heel. Pull it up the leg. The stocking turns right side out as it is pulled up. The stocking is even and snug.
8.	Remove twists, creases, or wrinkles.
*9.	Raise the side rail.
10.	Go to the other side and lower the side rail.
11.	Repeat steps 5 through 8 for the other leg (May verbalize this step)
*12.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
13.	Wash hands and report & record observations.

* Denotes Critical Step

ASSIST WITH DRESSING AND UNDRESSING (Hemi-technique) Dependent Resident

1	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise bed to best level for good body mechanics.
3.	Lower side rail on resident's weak side. Place in supine position.
4.	Cover resident with bath blanket. Fanfold linens to foot of bed without exposing resident.
5.	Raise resident's head and shoulders or turn onto side away from nurse aide.
6.	Unfasten buttons, snaps, zippers, or ties in back of garment.
7.	Bring sides of garment to the resident's sides, or if in side-lying position, tuck far side under resident and fold near side onto chest
8.	Place resident in supine position.
9.	Slide garment off shoulder on resident's strong side. Remove garment from the arm. Repeat for weak side.
10.	Put on garments that open in the <u>front</u>: slide garment onto arm and shoulder of weak side.
11.	Raise head and shoulders. Bring side of garment around the back. Lower resident to supine position.
12.	Slide garment onto the arm and shoulder of the strong arm.
13.	Fasten buttons, snaps, zippers, or ties.
14.	Put on pants or slacks. Slide pants over feet and up the legs.
15.	Turn onto the strong side and pull pants over buttocks and hip of weak side.
16.	Turn resident to the weak side and pull pants over buttocks and hip of strong side.
17.	Place resident in supine position and fasten buttons, snaps, zippers, ties, and/or belt buckle.
18.	Remove bath blanket.
19.	Put socks and shoes or slippers on resident.
*20.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
21.	Wash hands and report & record observations.

* Denotes Critical Step

BED BATH - FULL

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Fill bath basin 2/3 full of warm water.
*3.	Raise bed rails. Raise the bed to best level for good body mechanics.
4.	Lower bed rail and position resident in supine position.
5.	Cover the resident with a bath blanket and remove top linens.
6.	Lower bed rail and place towel across resident's chest.
7.	Make mitten of washcloth and wet with water; squeeze out excess.
8.	Wash eyes first. Start at inner corner and work out. Use different area of mitten for each eye.
9.	Wash, rinse, and dry the face.
10.	Wash, rinse, and dry the ears and then neck.
11.	Remove the gown without exposing the resident.
12.	Expose arm farthest from the side. Place bath towel under arm up to axilla.
13.	Place basin of water on bed and immerse resident's hand in water and wash. Remove the basin and dry hand well.
14.	Wash and rinse shoulders, axillae and arms.
15.	Repeat steps 12, 13, & 14, using nearest arm. (May Verbalize This Step)
16.	Place towel across chest and fold bath blanket to waist.
17.	Wash, rinse, and dry chest while lifting towel.
18.	Dry the skin thoroughly.
19.	Fold bath blanket to pubic area; keep chest covered with towel.
20.	Wash, rinse and dry abdomen. Remove the towel and cover with bath blanket.
*21.	Raise the side rail before leaving the bedside. Change bath water in basin.
22.	Lower bed rail.

* Denotes Critical Step

See Next Page

23.	Expose the far leg; flex leg and place bath towel lengthwise under the leg up to the buttocks.
24.	Place basin on towel and put foot into it. Support leg at knee joint with hand.
25.	Wash and rinse leg and foot.
26.	Remove basin of water and dry leg, foot, and between toes.
27.	Repeat steps #23 - #26 for near leg. (May verbalize this step)
*28.	Raise the side rail before leaving the bedside. Change bath water in basin.
29.	Lower bed rail and assist resident to turn on side with back facing the aide.
30.	Fold the bath blanket over resident's side to expose back and buttocks; place towel parallel to resident's back.
31.	Wash, rinse and dry back and buttocks.
32.	Give back rub and remove towel and turn resident onto back; place towel under buttocks.
*33.	Raise the bedrail before leaving the bedside. Change the water for perineal care.
34.	Lower bed rail.
*35.	Put on disposable gloves.
36. skill)	Wash, rinse, and dry the perineum. (may verbalize, perineal care tested on separate Remove towel under buttocks.
*37.	Remove and discard gloves. Wash your hands. Raise the bedrail before leaving the bedside.
38.	Apply lotion and deodorant.
39.	Without exposing the resident, dress him/her in a clean gown.
*40.	Raise the bedrails. Lower bed. Lower bedrails. Attach signal light within resident's reach.
41.	Wash hands and report & record observations.

* Denotes Critical Step

ASSISTING WITH PARTIAL BED BATH

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Cover the resident with a bath blanket and remove top linens.
3.	Fill the washbasin 2/3 full with warm water.
4.	Place the basin on the over-bed table.
5.	Raise the head of the bed so resident can bathe comfortably.
6.	Help the resident remove the gown or pajamas.
7.	Position the over-bed table so the resident can easily reach the basin and supplies.
8.	Ask resident to wash easy-to-reach body parts. Explain that you will wash the back and those areas that cannot be reached.
*9.	Attach signal light within resident's reach.
10.	Return to resident's room when signal light is on. Wash hands. (may verbalize)
11.	Change the bath water.
*12.	Raise the side rails. Raise the bed to the best level for good body mechanics. Lower side rail nearest you.
13.	Assist resident to wash areas that could not be reached. (may verbalize, including the use of gloves if needed.)
14.	Apply deodorant and lotion.
15.	Help resident put on clean clothes, a gown, or pajamas.
*16.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
17.	Empty, clean, and store the supplies appropriately.
18.	Wash hands and report & record observations.

* **Denotes Critical Step**

BED MAKING – OCCUPIED

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise bed to best level for good body mechanics.
3.	Lower side rail nearest you.
4.	Wear gloves if linens are soiled. (may verbalize)
5.	Loosen the top bedding at foot of bed. Remove spread and/or blanket.
6.	Place bath blanket over top sheet. Remove top sheet without exposing resident.
7.	Keep pillow under resident's head and turn resident to side of bed not being made.
8.	Loosen bottom bedding; free bottom linen and roll each piece separately to the resident's back.
9.	Place bottom sheet lengthwise with fold in center and lower edge of sheet even with foot of mattress. Face hem stitching downward.
10.	Tuck sheet under head of mattress; miter corners; tuck well under side of mattress.
11.	Fanfold surplus sheet close to resident's back.
12.	Place draw sheet on middle 1/3 of mattress; fanfold 1/2 to resident's back and tuck in excess material.
*13.	Raise side rail of bed.
14.	Go to opposite side of bed; lower bedside rail.
15.	Move resident to clean side of bed and then place pillow under resident's head.
16.	Pull through all bottom linen. Roll, remove, and discard soiled linen in laundry hamper or bag. Hold soiled linen away from own uniform.
17.	Pull clean bottom sheet toward the edge of bed. Tuck it under the mattress at the head of the bed and make a mitered corner, tuck it well under the side of the mattress.
18.	Pull the sheet toward foot of bed and remove all wrinkles. Pull the draw sheet; tighten, and tuck excess under the mattress.
19.	Assist resident to center of bed.
20.	Place top sheet over bath blanket; ask resident to hold or tuck under resident's shoulders. Remove bath blanket. Replace blanket/spread.
21.	Tuck sheet, blanket, and bedspread at foot of bed under mattress and miter corners on each side, allowing for movement of resident's feet.

* Denotes Critical Step   **See Next Page**

22.	Change pillowcase and place pillow under resident's head
*23.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
24.	Recess bed cranks (if necessary).
25.	Wash hands and report & record observations.

* Denotes Critical Step

BED MAKING – UNOCCUPIED / CLOSED

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed to best level for good body mechanics.
3.	Remove linens from bed, rolling linen away from you so that the surface that touched the resident is inside the roll.
4.	Place the bottom sheet on the mattress. Unfold it lengthwise. Place the center crease in the middle of the bed. Position the lower edge evenly with the bottom of the mattress. Face hem stitching downward
5.	Pick the sheet up from the side to open it. Fanfold it toward the other side of the bed.
6.	Go to the head of the bed. Tuck the top of the sheet under the mattress. Make sure the sheet is tight and smooth. Make a mitered corner.
7.	Place the draw sheet on the middle 1/3 of the mattress.
8.	Open the draw sheet and fanfold to the other side of the bed.
9.	Tuck draw sheet and go to other side of the bed.
10.	Miter the top corner of the bottom sheet.
11.	Pull the bottom sheet tightly to smooth out wrinkles. Tuck well under side of mattress.
12.	Pull the draw sheet tightly and tuck in the sheet.
13.	Go to other side of bed.
14.	Place the top sheet on the bed. Unfold it lengthwise. Place the center crease in the middle. Place the sheet evenly with the top of the mattress. Open the sheet and fanfold the extra toward the other side. Face hem stitching outward.
15.	Place the bedspread on the bed with the upper hem even with the top of the mattress. Open and fanfold extra to the other side.
16.	Make sure the bedspread facing the door is even and covers all the top linens.

* Denotes Critical Step   **See Next Page**

| 17. | Tuck in the linens together at the foot of the bed. Make a mitered corner. |

| 18. | Go to other side of bed. Straighten all top linen, tucking in top linens. Make a mitered corner. |

| 29. | Put pillowcase on pillow and place on bed with open end away from the door. |

| *20. | Lower bed. Attach signal light within resident's reach. |

| 21. | Wash hands and report & record observations. |

* Denotes Critical Step

CATHETER CARE

| 1. | Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy. |

| *2. | Raise side rails. Raise bed to the best level for good body mechanics. |

| 3. | Lower side rail nearest you, place resident in supine position, and drape resident. Fanfold linens to foot of bed. |

| *4. | Put on disposable gloves. |

| 5. | Place bed protector on bed under buttocks. |

| 6. | Expose perineal area. |

| 7. | Separate the labia of the female or retract the foreskin (uncircumcised male) and check for any crusts, abnormal drainage, or secretions. |

| *8. | Gently wash around the opening of the urethra with soap and water. |

| *9. | Holding the catheter near the meatus, clean the catheter from the meatus down the catheter about 4 inches, using soap, water and a clean washcloth. Clean downward away from the meatus with one stroke. Repeat as needed with a clean area on the washcloth each time. Rinse and pat dry. |

| 10. | Secure catheter properly. Coil and secure tubing to the bed. |

| 11. | Remove the bed protector. |

| 12. | Remove and discard the gloves. |

| 13. | Cover resident and remove bath blanket. |

| 14. | Make sure the resident is comfortable. |

| *15. | Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach. |

| 16. | Wash hands and report & record observations. |

* Denotes Critical Step

CLEARING THE OBSTRUCTED AIRWAY - THE CONSCIOUS ADULT

1.	Ask the victim if they are choking.
*2.	Determine if the victim can cough or speak.
*3.	Stand behind the victim.
*4.	Wrap your arms around the victim's waist.
*5.	Make a fist with one hand. Place the thumb side of the fist against the abdomen. The fist is in the middle above the navel and below the end of the sternum.
*6.	Grasp your fist with your other hand.
*7.	Press your fist and hand into the victim's abdomen with a quick, upward thrust.
*8.	Repeat the abdominal thrust until the object has been expelled or the victim loses consciousness.

* Denotes Critical Step

DENTURE CARE

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Raise the head of the bed. Position the resident for resident for oral hygiene. Place towel over the resident's chest.
*3.	Put on disposable gloves.
4.	Ask the resident to remove dentures or remove resident's dentures using gauze if the resident cannot do so.
5.	Grasp the upper denture with the thumb and index finger of one hand. Move the denture up and down slightly to break the seal. Gently remove the denture and place in kidney/emesis basin or denture cup.
6.	Remove the lower denture by grasping it with your thumb and index finger. Turn it slightly, and lift it out of the mouth. Place the denture in kidney/emesis basin or denture cup.
7.	Line the sink with a towel and fill with water.
8.	Take dentures and equipment to the sink and rinse each denture under warm running water. Return to denture cup.
*9.	Apply denture cleaner or toothpaste to the brush and brush and rinse dentures. Place in denture cup. Fill it with cool water.
10.	Clean kidney/emesis basin. Bring basin and denture cup to bedside.
11.	Position the resident for oral hygiene.
12.	Ask the resident to rinse his/her mouth with mouthwash. Hold the kidney/emesis basin under the resident's chin.
13.	Ask resident to insert dentures. Insert the dentures if the resident cannot.
14.	Grasp the upper denture with thumb and index finger. Raise the upper lip with the other hand and insert denture. Use index fingers to press gently on upper denture to make sure that it is secure.
15.	Grasp the lower denture securely with thumb and index finger. Pull down slightly on the lower lip and insert the denture.
16.	Put denture cup in the top drawer of the bedside stand.
*17.	Remove and discard gloves.
*18.	Attach signal light within resident's reach.
19.	Wash hands and report & record observations.

* Denotes Critical Step

GIVING NAIL CARE

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Position the over bed table in front of the seated resident. It should be low and close to the resident.
3.	Fill the kidney basin with warm water.
4.	Place the kidney basin on the over bed table on top of the paper towels.
5.	Put the resident's fingers into the basin. Position the arms so that he or she is comfortable.
6.	Let the fingernails soak for 5 to 10 minutes (may verbalize without waiting). Re-warm the water as needed.
7.	Clean under the fingernails with the orange stick.
8.	Remove the kidney basin. Dry fingers thoroughly.
9.	Clip fingernails straight across with nail clippers.
10.	Shape nails with an emery board or nail file.
11.	Push cuticles back with a washcloth or orange stick.
12.	Clean and return equipment and supplies to their proper places. Discard disposable supplies.
*13.	Attach signal light within resident's reach.
14.	Wash hands and report & record observations.

* Denotes Critical Step

GIVING FEMALE PERINEAL CARE

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Fill the wash basin with warm water.
*3.	Raise side rails. Raise bed to the best level for good body mechanics.
4.	Lower side rail nearest you. Position the resident on her back, drape with a bath blanket and remove top linen.
*5.	Put on disposable gloves.
6.	Place a waterproof pad under buttocks.
7.	Assist the resident to flex knees and spread legs, if able. Otherwise, help the resident to spread legs as much as possible with knees straight.
8.	Apply soap to a washcloth.
*9.	Separate the labia. Clean downward from front to back with one stroke.
10.	Repeat steps 8 & 9 until the area is clean. Use a clean part of the washcloth for each stroke. Use more than one washcloth if needed.
*11.	Rinse the perineum with a clean washcloth. Separate the labia. Stroke downward from front to back.
12.	Pat the area dry with the towel.
13.	Assist the resident to lower the legs and turn onto the side, away from you.
*14.	Wash from the vagina to the anus with one stroke. Rinse and pat dry.
15.	Remove waterproof pad.
*16.	Remove and discard the gloves.
17.	Cover the resident with top linen and remove the bath blanket.
*18.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
19.	Wash hands and report & record observations.

* Denotes Critical Step

GIVING MALE PERINEAL CARE

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Fill the wash basin with warm water.
*3.	Raise side rails. Raise bed to the best level for good body mechanics.
4.	Lower the side rail nearest you. Position the resident on his back, drape with a bath blanket and remove top linen.
*5.	Put on disposable gloves.
6.	Place a waterproof pad under buttocks.
7.	Apply soap to a washcloth.
8.	Grasp the penis. Retract the foreskin if the person is uncircumcised.
9.	Clean the tip. Use a circular motion. Start at the urethra, and work outward. Repeat as needed. Use a clean part of the washcloth each time.
10.	Rinse the area with another washcloth.
11.	Return the foreskin to its natural position.
12.	Clean the shaft of the penis. Use firm downward strokes away from the urinary meatus. Rinse the area.
13.	Help the person flex his knees and spread his legs. Or help him spread his legs as much as possible with knees straight.
14.	Clean the scrotum. Rinse well. Observe for redness and irritation in the skin folds.
15.	Pat the penis and scrotum dry.
16.	Help him lower his legs, cover him, and turn him onto his side away from you. Fold the bath blanket back between his legs.
17.	Wash, rinse, and pat dry the anal area. Wash from the scrotum to the anus with 1 stroke.
18.	Remove the waterproof pad.
*19.	Remove and discard gloves.
20.	Cover the resident with top linen and remove bath blanket.
*21.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
22.	Wash hands and report and record observations.

* Denotes Critical Step

GIVING THE BEDPAN

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise side rails. Raise bed to the best level for good body mechanics.
3.	Lower the side rail nearest you. Position the resident in supine position.
*4.	Put on disposable gloves.
5.	Turn the resident onto his/her side away from you and correctly place the bedpan firmly against the buttocks.
6.	Push the bedpan down and toward the resident.
7.	Hold the bedpan securely. Turn the resident onto his/her back. Center the bedpan under the resident. Remove gloves.
8.	Raise the head of the bed so the resident is in a sitting position.
*9.	Place the signal light within resident's reach. Raise side rail. Lower bed. Lower side rail.
10.	Place the toilet tissue within reach of the resident. Ask the resident to signal when through or when assistance is needed.
11.	Wash your hands. Leave the room and close door. (may verbalize)
12.	Return when the resident signals. (may verbalize)
*13.	Raise side rails. Raise the bed to the best level for good body mechanics. Lower the side rail nearest you and head of the bed.
*14.	Put on disposable gloves.
15.	Remove the bedpan. You need to hold the bedpan securely and turn him or her onto the side away from you.
*16.	Clean the perineal area. Clean from front to back with toilet tissue. Provide perineal care if necessary.
*17.	Cover the bedpan. Raise side rail. Lower the bed. Lower side rails. Take bedpan to the bathroom.
18.	Measure urine if the resident is on intake and output. Collect a urine specimen if needed. Empty, clean & rinse bedpan. Remove gloves. Wash hands.
19.	Put on clean gloves (may verbalize), and store the bedpan. Remove and discard gloves.
20.	Help the resident wash hands.
21.	Wash your hands. (may verbalize).
*22.	Attach signal light within resident's reach.
23.	Report & record observations.

* Denotes Critical Step

HELPING THE PERSON TO WALK

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Adjust bed to lowest position and lock bed wheels.
3.	Fanfold top linens to the foot of the bed. Put on shoes or non-skid footwear.
4.	Raise the head of the bed up (Fowler's position), help the person to dangle.
*5.	Apply the transfer belt.
6.	Help the person to stand. Grasp the transfer belt on each side.
7.	Stand at the person's side while they gain balance. Hold the belt at the side and back.
8.	Encourage the person to stand erect with the head up and back straight.
9.	Help the person walk. Walk to the side and slightly behind the person. Provide support with the transfer belt.
10.	Encourage the person to walk normally. The heel strikes the floor first. Discourage shuffling, sliding or walking on tiptoes.
11.	Walk the required distance without rushing the person.
12.	Help the person return to bed. Remove the transfer belt.
13.	Lower the head of the bed. Help the person to the center of the bed.
14.	Remove footwear and cover the resident.
*15.	Attach signal light within the resident's reach.
16.	Wash hands and report & record observations

* Denotes Critical Step

MEASURE AND RECORD HEIGHT AND WEIGHT

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Raise height-measuring rod and adjust scale to *zero.*
3.	Place paper towel on the scale platform.
4.	Ask resident to remove slippers/shoes (assist if necessary).
5.	Assist resident onto scale.
6.	Move the weights until the balance point is in the middle.
*7.	Read and record the weight within 1 lb.
8.	Ask resident to stand erect.
9.	Adjust height meter to top of head and note height.
10.	Assist resident off platform and adjust weights to *zero*.
11.	Assist resident in putting on slippers/shoes. Assist to his/her bed or chair.
*12.	Record the height within 1 inch.
*13.	Attach signal light to within the resident's reach.
14.	Wash hands and report & record observations.

* Denotes Critical Step

MEASURE AND RECORD PULSE, RESPIRATION AND BLOOD PRESSURE

1.	Knock before entering the room. Identify and greet resident. Explain procedure to resident. Wash your hands. Provide privacy.
2.	Position the resident seated/reclining.
3.	Find the resident's radial pulse by placing your middle two or three fingers on palm side of resident's wrist on thumb side, next to bone.
4.	Count for 30 seconds, times 2 if regular (count for 1 minute if irregular).
5.	Continue to hold the resident's wrist and begin counting when you see the chest rise; count respiration for 30 seconds, times 2 if regular (count for 1 minute if irregular).
*6.	Recount respiration if unsure. Record respiration on paper. Recorded respiration must be within 5 of that obtained by the evaluator.
*7.	Record pulse. Recorded pulse must be within 5 pulse counts of that obtained by the evaluator.
8.	With the resident seated/reclining with the entire lower arm on a flat surface.
9.	Expose the arm as much as possible. Squeeze the cuff to expel any remaining air and turn the valve clockwise on the bulb to close it.
10.	Wrap cuff snugly around the upper arm--at least one inch above the elbow.
11.	Clean earpieces and diaphragm of the stethoscope with alcohol sponge.
12.	Locate the brachial artery at the inner aspect of the elbow.
13.	Place the earpieces of the stethoscope in your ears.
14.	Place the diaphragm of the stethoscope over the brachial artery.
15.	Inflate the cuff.
16.	Loosen valve and deflate the cuff slowly noting the systolic and diastolic reading.
17.	Deflate the cuff completely and remove from the resident's arm.
18.	Record blood pressure on paper.
*19.	Recorded reading must be within 4 mm systolic and 4 mm diastolic of that obtained by the evaluator.
20.	Wash your hands and record and report observations to the nurse.

* Denotes Critical Step

RESIDENT POSITIONING AND ALIGNMENT – FOWLER'S (This procedure begins in supine position)

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise the head of the bed to a 45-60 degree angle.
3.	Keep the spine straight.
4.	Support the head with a pillow.
5.	Support the arms with pillows.
*6.	Attach signal light within the resident's reach.
7.	Wash hands and report & record observations.

* Denotes Critical Step

RESIDENT POSITIONING AND ALIGNMENT – LATERAL / SIDE
(This procedure begins in supine position)

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise the bed to best level for good body mechanics.
3.	Lower rail on side where you are working.
4.	Place a pillow under the resident's head and neck.
5.	Roll resident to side away from you.
6.	Place the upper leg in front of the lower leg.
7.	Support the upper leg and thigh with pillows.
8.	Place a pillow against the resident's back.
9.	Place a small pillow under the upper hand and arm.
*10.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
11.	Wash hands and report & record observations.

* Denotes Critical Step

RESIDENT POSITIONING AND ALIGNMENT – SUPINE (This procedure begins in lateral position)

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise the bed to best level for good body mechanics.
3.	Lower rail on side where you are working.
4.	Place a pillow under the resident's head and shoulders.
5.	Roll resident into supine position.
6.	Position arms comfortably at each side.
*7.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
8.	Wash hands and report & record observations.

* Denotes Critical Step

PROVIDING MOUTH CARE – THE UNCONSCIOUS RESIDENT

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rails. Raise the bed to best level for good body mechanics.
3.	Lower the bed rail nearest you.
*4.	Put on disposable gloves. Position the resident in the side lying position, facing you. Turn resident's head well to the side.
5.	Place the towel under the resident's face. Place kidney/emesis basin under the chin.
6.	Clean the chewing and inner surfaces of the teeth using appropriate supplies.
7.	Swab the roof of the mouth, inside of the cheeks, and the lips using appropriate supplies.
8.	Swab the tongue using appropriate supplies.
9.	Moisten a clean sponge swab with water, and swab the mouth to rinse.
10.	Apply moisturizer to the resident's lips.
11.	Remove and discard the gloves.
12.	Reposition the resident.
*13.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
14.	Wash hands and report & record observations.

* **Denotes Critical Step**

RANGE OF MOTION EXERCISES - ELBOW

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise bed rail. Raise the bed to the best level for good body mechanics.
3.	Lower the side rail.
4.	Position the resident supine and in good alignment.
5.	Support the resident's wrist with one hand and the elbow with the other.
6.	Flexion: bend the arm so that the same-side shoulder is touched.
7.	Extension: straighten the arm.
8.	Repeat flexion and extension 5 to 6 times.
*9.	Raise the side rail.
10.	Go to the other side and lower the side rail.
11.	Repeat steps for exercising the elbow. (may verbalize this step)
12.	Make sure the resident is comfortable.
*13.	Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.
14.	Wash hands and report & record observations.

* Denotes Critical Step

RANGE OF MOTION EXERCISES - WRIST

1. Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.

* 2. Raise bed rail. Raise the bed to the best level for good body mechanics.

3. Lower the side rail on the side you are working.

4. Position the resident supine and in good alignment.

5. Support the resident's wrist with both of your hands.

6. Flexion: bend the hand down.

7. Extension: straighten the hand.

8. Hyperextension: bend the hand back.

9. Radial flexion: turn the hand toward the thumb.

10. Ulnar flexion: turn the hand toward the little finger.

11. Repeat flexion, extension, hyperextension, and radial and ulnar flexion 5 to 6 times.

*12. Raise the side rail.

13. Go to the other side and lower the side rail.

14. Repeat steps for exercising the wrist. (may verbalize this step)

15. Make sure the resident is comfortable.

*16. Raise side rail. Lower bed. Lower side rail. Attach signal light within resident's reach.

17. Wash hands and report & record observations.

* **Denotes Critical Step**

RANGE OF MOTION EXERCISES – HIP

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
*2.	Raise the bed rails. Raise the bed to the best level for good body mechanics.
3.	Lower the side rail on the side you are working.
4.	Position the resident supine and in good alignment. Cover resident with a bath blanket and remove top linens.
5.	Place one hand under the resident's knee and the other hand under the ankle to support the leg.
6.	Flexion: raise the leg.
7.	Extension: straighten the leg.
8.	Abduction: move the leg away from the body.
9.	Adduction: move the leg toward the other leg.
10.	Internal rotation: turn the leg inward.
11.	External rotation: turn the leg outward.
12.	Repeat flexion, extension, abduction, adduction, and inward and outward rotation 5 to 6 times.
13.	Cover the resident.
*14.	Raise the side rail.
15.	Go to the other side and lower the side rail.
16.	Repeat steps for exercising the hip. (may verbalize)
17.	Make sure the resident is comfortable.
18.	Cover the resident with top linens. Remove the bath blanket.
*19.	Raise side rail. Lower bed. Lower side rails. Attach signal light within resident's reach.
20.	Wash hands and report & record observations.

* Denotes Critical Step

TRANSFERRING A RESIDENT TO A WHEELCHAIR

1.	Knock before entering the room. Identify and greet resident. Explain procedure. Wash your hands. Provide for privacy.
2.	Place chair parallel to or at a 45-degree angle to bed.
3.	Cover chair with bath blanket or protective pad.
*4.	Lock the wheels of the wheelchair.
5.	Remove or lift foot rests out of the way.
*6.	Adjust bed to lowest position, lock bed wheels, and raise head of bed (Fowler's position).
7.	Fanfold top linens to the foot of bed.
8.	Put shoes on the resident and apply transfer belt.
*9.	Turn resident as a unit from Fowler's to dangling position.
10.	Stand in front of resident.
11.	Grasp the transfer belt at each side.
12.	Position your feet and legs to provide stability for the resident and prevent the resident from falling or sliding.
13.	On the count of three, pull resident into a standing position as you straighten your knees.
14.	Support the resident in the standing position.
15.	Turn to lower the resident into the wheelchair as you bend your hips and knees. Position feet on footrests.
16.	Remove transfer belt. Cover the resident with bath blanket or lap robe.
17.	Unlock the wheels of the wheelchair.
*18.	Attach signal light within the resident's reach.
19.	Wash hands and report & record observations.

* **Denotes Critical Step**

WASH HANDS ASEPTICALLY

1. Remove watch and bracelets or push up 4 to 5 inches above hand. Remove all rings except a smooth wedding band.

2. Stand away from sink so clothes do not touch the sink.

3. Turn on the faucet and adjust the water to a warm, comfortable temperature.

4. Wet hands thoroughly, including three to four inches above wrists.

5. Hold hands with wrists lower than elbows during hand washing procedure.

6. Apply a generous amount of soap to hands.

7. If bar soap is used, rinse it well before lathering and before returning it to the dish.

8. Rub palms together to work up a good lather for at least 15 seconds.

9. Steps 10 – 13 should last at least 20 seconds. Wash using friction and rotating motion.

10. Wash the palms and back of hands.

11. Wash fingers and between fingers.

12. Wash wrists and lower arms.

13. Clean well under fingernails by rubbing fingers against palms. Use nail file or orange stick to clean under fingernails.

14. Rinse well from arms to hands.

15. With a clean dry paper towel or towels, pat dry starting at fingertips working to wrist. Discard towel or towels.

16. Repeat step on wet hand with clean dry towel or towels. Discard towel or towels.

*17. Turn off faucet with clean, dry paper towel and discard in wastebasket.

* Denotes Critical Step

TEST ADMINISTRATION PROCEDURES

1.   Each candidate is to be at the test location and ready to begin the test by the starting time. A candidate arriving late <u>may</u> be considered a "no-show".

2.   Only the candidates who are on the official roster will be allowed to take the written and/or performance test(s).

3.   When arriving at the test site, candidates will be required to provide the following documents at every test appointment:
    - An unexpired state or federal issued photo identification
    - A United States Social Security card that is not laminated; and
    - If the Social Security Cards states "Not Valid for employment without Immigration and Customs enforcement authorization" or contains a similar statement a final examination candidate shall present an Employment Authorization Document issued by the US Department of Homeland Security
    - A test candidate's identity documents presented to the competency evaluation program proctor shall identify the candidate's same full name to include middle initial.

    This does not mean that a middle initial or middle name is required, but if a middle initial or middle name is listed on one document, it must be present and match by the first letter of the middle initial or middle name on all. For example: Jane Doe on a Social Security card and Jane A. Doe on a Driver's License are not the same and will not be accepted. However, Jane A Doe on a Driver's License and Jane Ann Doe on Social Security card will be accepted.

Multiple Middle Names on Social Security Card

If the social security card has multiple middle names, but the driver's license (DL) or state issued identification card (I.D.) has only a middle initial or one middle name, a letter from the Circuit Clerk's office, on official letterhead, is required. The Circuit Clerk, in the test candidate's home county, is the entity responsible for issuing driver's license and state issued I.D. cards. The letter must contain at a minimum the following information:

    * Candidates name on DL or state issued I.D. card

    * Candidates full name that matches the full name and name order on the SS card

    * DL # or state issued I.D. card # of the candidate to verify the identification in question

    * Signature of the Circuit Clerk or Circuit Clerk's designee

The order of the names, initials, and spelling must match, in both the letter and on the identification cards.

> **Acceptable Example:**
> Jane A Doe on Drivers License,
> Jane Ann Smith Doe on SS Card, **AND**
> Letter containing references to these names in the same order as described above
>
> **Unacceptable Example:**
> Jane S Doe on Drivers License
> Jane Ann Smith Doe on SS Card

To correct this situation, the test candidate must get a new DL or State Issued ID card with the middle initial "A" and the corresponding letter referencing the names in the same order.

A test candidate with multiple middle names on the social security card who fails to provide the identity documentation above will <u>not</u> be allowed to take the state test until the documentation is received or identification is presented that meets acceptable criteria.

> Please note that a letter from a Social Security Administration field office stating a test candidate applied for a replacement social security card will **not** be accepted as proof of the candidate's social security number or identity.
>
> Candidate's identity documents including the social security card must be in good condition. Good condition is defined as: A condition that allows the test proctor to establish the candidate's identity and validity of the document. Condition of the documents is to be determined by the test proctor and is at their total discretion.
>
> <u>Candidates that arrive at the test site without the proper ID's will **not** be allowed to test and will be required to reschedule their assessment and will forfeit all testing fees.</u>
>
> Candidates that present fraudulent identification documents for testing will forfeit all testing fees and may be reported to the proper authorities.

4.   Test related materials that are needed will be supplied. Candidates will not be allowed to bring reference materials, etc. into the test room or use any notes, or other types of references during the test.

5.   No test materials, documents, or notes of any kind may be removed from the   examination room.

6.   Any candidate observed giving or receiving assistance of any kind during the test will be dismissed and his/her test results will be declared null and void.

7.   Cell phones are required to be off and put away while testing. Any candidate observed using a cell phone in the written test area, performance test area, holding room, or any other designated testing area will be dismissed and his/her test results will be declared null and void. The candidate will be required to re-schedule and re-pay for their assessment.

8.   Electronic translating dictionaries are not allowed for use during testing. Hard copy dictionaries will be reviewed. Any dictionaries with hand-written notes will not be allowed for use during testing.

9.   The test monitor will orient the candidates as a group prior to testing.

10.   At the end of time for each section of the test, the candidate will turn in all test materials to the monitor.

11.   <u>Payments for nurse aide testing that returned and not honored, the assessment(s) will not be graded and you must pay in full within 30 days of your test date. If you bring your account in good standing within 30 days, your test will be graded. If you fail to bring your account in good standing within 30 days of your test date, your test will be shredded. You will be required to reschedule your assessment and repay your test fee.</u>

12.   **If you have an account that is not in good financial standing with any KCTCS college regardless of your training site, you will not be allowed to test until your account is brought into good financial standing. Good financial standing means your account does not have a financial hold or a past-due outstanding balance.**

13.   This information is current as of the date it as printed. Regional Coordinators and Test administrators will follow the information contained in the current version of the document. The current version is available on the nurse aide website http://unity.kctcs.edu/docushare/dsweb/View/Collection-1264.

NOTIFICATION OF TEST SCORES

Each candidate will receive test scores via postal mail. The Medicaid nurse aide test coordinator, the nursing facility, and the training facility will receive a printout of the candidates test scores. If the candidate has successfully completed both the written and the performance tests of the Medicaid Nurse Aide Competency Evaluation, their name will be forwarded to the Kentucky Nurse Aide Registry at the Kentucky Board of Nursing. If any test retakes are necessary, information will be provided to the candidate. No other agency or individual will be provided individual test scores without the expressed written request of the test candidate. Please allow thirty (30) days for test processing.

RENEWAL OF REGISTRATION

The Kentucky Board of Nursing shall renew a nurse aide's registration at least once every two (2) years. The nurse aide will be notified when their renewal of registration is pending. In order for that office to locate a nurse aide, it is important that whenever the nurse aide has a change of name and/or address, the aide should contact that office immediately. The address for the Kentucky Nurse Aide Registry is 312 Whittington Parkway, Suite 300-A, Louisville, KY 40222-5172.

NURSE AIDE STATE-REGISTERED CARD

State Registered Nurse Aide cards will no longer be issued or replaced, according to Kentucky Administrative Regulations (907 KAR 1:450). For more information, consult your training provider.

KRS 216.789 PROHIBITION AGAINST EMPLOYING CERTAIN FELONS

216.789 Prohibition against employing certain felons at long-term care facilities, in nursing pools providing staff to nursing facilities or in assisted-living communities -- Preemployment check with Justice Cabinet – Temporary employment.
(1) No long-term care facility as defined by KRS 216.535(1), nursing pool providing staff to a nursing facility, or assisted-living community shall knowingly employ a person in a position which involves providing direct services to a resident or client if that person has been convicted of a felony offense related to theft; abuse or sale of illegal drugs; abuse, neglect, or exploitation of an adult; or a sexual crime.
(2) A nursing facility, nursing pool providing staff to a nursing facility, or assisted living community may employ persons convicted of or pleading guilty to an offense classified as a misdemeanor if the crime is not related to abuse, neglect, or exploitation of an adult.
(3) Each long-term care facility as defined by KRS 216.535(1), nursing pool providing staff to a nursing facility, or assisted-living community shall request all conviction information from the Justice Cabinet for any applicant for employment pursuant to KRS 216.793.
(4) The long-term care facility, nursing pool providing staff to a nursing facility, or assisted-living community may temporarily employ an applicant pending the receipt of the conviction information.
Effective: July 14, 2000
History: Amended 2000 Ky. Acts ch. 141, sec. 17, effective July 14, 2000. -- Amended 1998 Ky. Acts ch. 189, sec. 4, effective July 15, 1998; and ch. 380, sec. 2, effective July 15, 1998. -- Created 1994 Ky. Acts ch. 427, sec. 4, effective July 15, 1994.

STUDY GUIDE CHANGES – VERSION TRACKING

12/16/2009:   Updated coordinator contact information
Updated Range of Motion Hip
       Step #2 – changed "side rail" to "side rails"
       Step #19 – changed "side rail" to "side rails"

2/12/2010   Updated coordinator contact information

1/2/2011   Updated Giving Male Perineal Care
       Step #7 – changed to "Apply soap to a washcloth"
       Step #8 – changed to "Grasp the penis. Retract the foreskin if the person is uncircumcised. "

1/28/2011   Updated coordinator contact information
Updated task list to reflect 6th edition chapters
Changed the name of the Partial Bed Bath skill to "Assisting with the Partial Bed Bath"

3/1/2011   Updated coordinator contact information
Updated Measure and Record Pulse, Respiration, and Blood Pressure skill
       Step #19 – changed to "Recorded reading must be within **4** mm systolic and **4** mm diastolic of that obtained by the evaluator.

6/6/2011   Updated coordinator contact information

8/1/2011   Updated coordinator contact information

8/9/2011   Updated coordinator contact information
Added content related to the use of electronic translating dictionaries

8/30/2011   Updated coordinator contact information

6/4/2012   Updated coordinator contact information
Corrected mis-identified chapters on the task list
Updated the new URL for the public nurse aide website

10/18/12   Updated Coordinator Information

6/20/13   Updated Coordinator Information

END OF UPDATE

STATEMENT OF UNDERSTANDING

Student Name:	
Program:	
School:	

As a student of this program, I agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the school or other appropriate facility in the community.

2. For educational purposes and practice on "live" models, I will allow other students to practice procedures on me and I will practice procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given to me by any representative of the school as to any problem that might be incurred as a result of these procedures.

3. These clinical experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.

4. It is understood I will be a student within the clinical facilities that affiliate with my area technology center and will conduct myself accordingly. I will follow all required and published personnel policies, standards, philosophy, and procedures of these agencies. I will agree, at my own expense, to obtain all health screenings, immunizations, criminal background checks, and drug screenings as required by the training site.

5. I have been provided a copy of, read, and agree to adhere to the Area Technology Centers' policies, rules, and regulations related to the program for which I am applying.

6. I understand that any information regarding a patient or former patient is strictly confidential and may be used only for clinical purposes within an educational setting according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I agree to abide by and follow all of the rules and regulations related to HIPAA.

7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and licensure requirements are successfully attained, I will be qualified for a job in this occupation.

8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.

9. I understand that I am liable for my own medical and hospitalization expenses.

10. I understand that I will be accountable for my own actions; therefore, I will carry a minimum $1,000,000/$3,000,000 **(or a greater amount of _____ as required by the Facility)** limited professional liability insurance during the clinical phase of the program.

I have read and understand each term above, and agree to abide by this statement of understanding.

To be signed by legal guardian if applicant is a minor.

Student Signature:	
Parent /Guardian Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions.

Kentucky Department of Education

MEMORANDUM OF AGREEMENT

BETWEEN

KENTUCKY DEPARTMENT OF EDUCATION

AND

_____
(Name and Address of Clinical Location)

****

Purpose:

The purpose of this agreement is to establish guidelines and responsibilities for the clinical education component for students in career and technical education programs operated by the Kentucky Department of Education (KDE). **(If for numerous programs, please attach names of programs)**

This agreement is effective as of _____
                                                        Month/Day/Year

General Responsibilities

1. The KDE does not discriminate on the basis of race, color, national origin, sex, sexual orientation, religion, age, or disability in employment or the provision of services.

2. Student assignments, planned by the instructor in consultation with the appropriate supervisory personnel, will be designed to meet the educational needs of the students and in accordance with available opportunities and experiences.

3. Clinical educational component schedules shall be in accordance with the KDE curriculum and the Training Site's standard operating procedures.

4. It is understood and agreed that students and faculty of the KDE are not employees or agents of the Training Site. Students and faculty of the KDE are not entitled to wages, workers' compensation, medical or liability insurance, or any other employee benefits provided by the Training Site for activities related to the clinical educational component provided for under this agreement.

5. Students are not entitled to jobs with the Training Site upon completion of the clinical educational component.

KDE Responsibilities

KDE Faculty shall:
1. become familiar with the Training Site and its policies to activate student experiences;
2. be responsible for planning student experiences in consultation with appropriate Training Site representatives;
3. be responsible for supervising and/or coordinating student experience to facilitate optimum client care; final evaluation of student performance is ultimately the responsibility of the instructor of record;
4. assist with the orientation of Training Site personnel to the aims, objectives, and educational methods of the Medicaid Nurse Aid program, MNA 100 course under the direction of the KDE
5. require participating students to be covered by limited professional liability insurance with minimum limits of $1,000,000 per occurrence and $3,000,000 aggregate;
6. provide student orientation to, and require compliance with, standards of conduct and dress set by the Training Site;
7. require students to have all health screenings and evaluations required by the affiliating Training Site prior to beginning experience in the facility;
8. remove immediately any student from the clinical area for violation of the Training Site's policies, standards, or procedures when such violations present a danger to patients, staff, visitors, or the premises;
9. provide training to the student, prior to assignment to the clinical area, in the U.S. Occupational Safety and Health Administration (OSHA) guidelines on blood borne pathogens and the use of standard precautions and the Health Insurance Portability and Accountability Act (HIPAA) privacy roles (requirements), other regulatory requirements set forth by Federal, State, and local agencies; and
10. plan with training representatives to evaluate the clinical educational component as needed.

Training Site Responsibilities

Training Site shall:
1. serve as a laboratory to which students may be assigned for educational experience;
2. provide staff time for planning with faculty for suitable student experiences;
3. orient KDE faculty to the Training Site setting and its policies;
4. retain full responsibility for the care of patients;
5. provide personal protective equipment, e.g., gloves, masks, etc., to students to enable them to practice Standard Precautions and other safety procedures; and
6. render any necessary emergency care to students as is available at the Training Site. Students are responsible for any costs incurred unless and until another party is found to be responsible.

Duration and Review

This Memorandum of Agreement shall be effective from the date of its execution and shall be reviewed annually. Subject to such revisions as are mutually agreeable at the time of annual review, the duration of the agreement shall be continuous. Either party may terminate the agreement at the end of the school year upon written notice of at least six (6) months in advance.

Students participating in a clinical educational component at a Training Site at the time of notice of termination shall be given the opportunity to complete such clinical educational component at the Training Site with such completion occurring within six (6) months of notice of termination.

Applicable Law and Forum

This agreement shall be construed in accordance with the laws of the Commonwealth of Kentucky and causes of action arising under this agreement shall be submitted to the Franklin Circuit Court, Frankfort, Kentucky.

In Testimony whereof, Witness the duly authorized signatures of the parties hereto:

_____   _____
     (Training Site Name)   Kentucky Department of Education

By: _____   By: _____
     (Print Name)   (Dale Winkler, OCTE Associate Commissioner)

_____   _____
     (Signature)   (Signature)

_____   _____
     (Title)   (Title)

_____   _____
     (Date)   (Date)

KENTUCKY DEPARTMENT OF EDUCATION
OFFICE OF CAREER & TECHNICAL EDUCATION

INFECTION CONTROL PROGRAM

UNIVERSAL PRECAUTIONS
HEPATITIS B PROGRAM

STUDENT

NAME:

_____

SOCIAL SECURITY NUMBER: _____

I acknowledge that I have been informed of the Occupational Safety and Health Administration (OSHA) Standard on blood-borne pathogens that makes universal precautions mandatory in all healthcare settings.

Student's Signature: _____

I understand that due to my clinical exposure to blood or other potentially infectious materials during my educational program, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been informed that KY Tech recommends that I take the hepatitis B vaccination prior to entering the clinical site. I understand that by declining this recommendation to take the hepatitis B vaccine, I will be at risk of acquiring hepatitis B, a serious disease. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this, I will furnish KY Tech with proof of vaccination within 10 days of taking the vaccination.

Student's Signature:
_____

-OR-

I had the hepatitis B vaccination on _____ and have submitted proof of vaccination to KY Tech (documentation attached).

Student's Signature:
_____

Date Signed:
_____

TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR.

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

Guardian's Signature:
_____

Date Signed:
_____

Kentucky Department of Education
Office of Career & Technical Education
Attendance Data Sheet

Attendance Data

Date	S	M	T	W	Th	F	S	NOTES
								L = Classroom & Lab C = Clinical Hours
								Record hours present above the diagonal lines and the type of hours below the diagonal line.
								Enter the date of the Sunday beginning each week in the space under the column labeled DATE.
								Clinical Site:
								Clinical Instructor:

Tuberculosis Test Results and Date:

Hepatitis B Vaccine or Waiver Data: 1) 2) 3)

Student's Name:

Date	S	M	T	W	Th	F	S	Notes
Attendance Data								
								L= Classroom & Lab C – Clinical Hrs.
								Record hours present above the diagonal lines and the type of hours below the diagonal line.
								Enter the date of the Sunday beginning each week in the space under the column labeled DATE.
								Clinical Site:
								Clinical Instructor:

Tuberculosis Test Results:	
Hepatitis B Vaccine or Waiver Data:	1) 2) 3)
Abuse Registry Verification:	
REMARKS:	

Name		Course Number	
	Last First Middle		
Address		Course Instructor	
City, State, Zip Code		Date Started	
Social Security Number		Last Date Attended	
Date of Birth		Hours Present/ Hours Absent	
Telephone Numbers with AREA CODE	Home Work	Final Grade Theory / Clinical	

Circle Highest formal grade completed	1 2 3 4 5 6 7 8 9 10 11 12 or GED	College 1 2 3 4 5 More	Technical College/School 1 2
Employer		Present Occupation	
Employer's Address Include Street, City, and State			

Please sign this form to provide a sample of your signature so that future inquires with your signature can be verified with this sample of your signature. Providing this signature sample is requested to protect your good name.

Grades/Date	T1	T2	T3	WB

T	Nurse Aide Task List (1/10/11)			
T	Task	C	D	I
	1. Practice good personal hygiene	5		
	2. Maintain good personal health	5		
	3. Exhibit acceptable behavior	5		
	4. Work cooperatively with others	5		
	5. Maintain confidentiality	5		
	6. Observe the Resident's Rights	2		
	7. Identify and report abuse or neglect to appropriate person	4		
	8. Use plan of care to meet resident's needs	6 & 7		
	9. Communicate with resident, family, and staff	6 & 8		
	10. Assist resident in use of intercom/call system/telephone	18		
	11. Report observations/information to appropriate personnel	6 & 7		
	12. Recognize health problems related to the aging process	10		
	13. Recognize needs of the resident with cognitive impairment	44		
	14. Assist with providing diversionary activities for the resident	26		
	15. Assist with giving postmortem care	48		
	16. Follow standard precautions & bloodborne pathogens standard	15		
*	17. Wash hands aseptically	15		
	18. Provide for environmental safety	12-17		
	19. Adjust bed and side rails	18		
	20. Assist with application of protective devices	14		
	21. Report unsafe conditions to appropriate person	12		
	22. Assist with care of resident with oxygen	28		
	23. Follow fire and disaster plan	12		
	24. Assist resident who has fallen	13		
	25. Assist resident who has fainted	47		
	26. Assist resident who is having a seizure	47		
*	27. Clear the obstructed airway - the conscious adult	12		
	28. Use elevation, direct pressure, and pressure points to control bleeding	47		
	29. Serve meals and collect trays	24		
	30. Recognize diet modifications/restrictions	24		
	31. Check food tray against diet list (or diet card)	24		
	32. Feed or assist resident in eating	24		
	33. Administer after meal care	24		
	34. Record and report intake and output	24		
*	35. Give bed bath	20		
*	36. Assisting with the partial bed bath	20		
	37. Assist resident with tub bath	20		
	38. Assist resident with shower	20		
*	39. Make unoccupied (closed) bed	19		
*	40. Make occupied bed	19		

		T	D	I
*	41. Perform or assist in performing oral hygiene for the conscious/unconscious resident	20		
	42. Assist with or shave resident	21		
	43. Give backrub	20		
*	44. Give perineal care	20		
	45. Shampoo/groom hair	21		
*	46. Give nail care	21		
*	47. Assist resident with dressing and undressing	21		
*	48. Provide urinary catheter care	22		
	49. Provide care for the urinary incontinent resident	22		
	50. Provide care for the bowel incontinent resident	23		
	51. Assist resident in bladder retraining	22		
	52. Assist resident in bowel retraining	23		
*	53. Assist resident in using bedpan/urinal	22		
	54. Assist with enema administration	23		
	55. Collect routine/clean catch urine specimen	33		
	56. Collect stool specimen	33		
	57. Collect sputum specimen	33		
	58. Use good body mechanics	16		
*	59. Perform or assist with range of motion exercises	26		
*	60. Turn and position the resident in bed	17		
*	61. Transfer resident to and from bed/chair	17		
	62. Use a mechanical lift to transfer resident	17		
*	63. Apply and use gait belt	13		
*	64. Assist resident with standing/walking	26		
	65. Assist resident in using cane/walker	26		
	66. Transport resident by wheelchair	12 & 17		
	67. Move resident between stretcher and bed	17		
	68. Assist with admission, in-house transfer, and discharge of resident	34		
	69. Measure and record resident temperature using by oral, auxiliary, rectal and tympanic routes using non-mercury glass/electronic thermometer	31		
*	70. Measure and record radial pulse	31		
*	71. Measure and record respiration	31		
*	72. Measure and record blood pressure	31		
*	73. Measure and record resident height/weight	34		
	74. Assist in prevention of pressure/circulatory ulcers	35		
*	75. Apply elastic stockings	35		

Notes:
1) An asterisk in the T column indicates one or more skills test items are taken from this task.
2) **C**hapters are from Sorrentino's LTCNA 6th by Mosby/Elsevier.
3) **D** is the date the student demonstrates the task. **I** is the instructor's initial.

SITE VISIT
MEMORANDUM

TO: DATE OF VISIT: 1/10/2012

FROM: Elizabeth Bullock, Department for Workforce Investment   ☐ Secondary   ☐ Initial

             Office of Career & Technical Education   ☐ Adult   ☐ Annual
                                                                                             Facility

Training Number
SUBJECT: Medicaid Nurse Aide Site Visit Evaluation

Thank you for the opportunity to visit your school/college for the required on-site evaluation of your Medicaid Nurse Aide Program. The information below details your strengths and/or weaknesses documented during the evaluation.

	Areas of Concentration	Requirements:	Met		Not Met
1.	Faculty Credentials				
	a. License		☒		☐
	b. Validation of No Abuse		☒		☐
2.	Clinical MOAs		☒		☐
3.	Textbook		☒		☐
4.	Student Records				
	a. TB Skin Test		☒		☐
	b. Hepatitis Vaccine		☒		☐
	c. Abuse Record Validation		☒		☐
	i. SS# Check rather than name				
	d. Statement of Understanding		☒		☐
	e. Skills Check-Off Sheet		☒		☐
	i. Each skill is checked, dated and initialed individually		☒YES ☐NO		
5.	Liability Insurance		☐		☐
6.	MOA (KCTCS & KDE/OCTE)		☒		☐
7.	Faculty Evaluations		☒		☐
8.	Required Tests on File		☒		☐
	a. A minimum of three tests are given		☒YES ☐NO		
	b. Number of tests given:				
	c. The student has an average of 70%		☒YES ☐NO		
	i. All Tests do not need to be met with a 70% for the student to pass the course.				
9.	Documentation of Hours				
	a. Clinical		☒		☐
	b. Theory		☒		☐
	c. Attendance Policy		☒		☐

10. Equipment
    a. Adult Manikin ☒ ☐
        i. Anatomical Parts ☒ ☐
    b. Audio Visual Equipment ☒ ☐
    c. Basins (for bath) ☒ ☐
    d. Bedpan ☒ ☐
    e. Catheter Supplies ☒ ☐
    f. Disposable Gloves ☒ ☐
    g. Geriatric Chair (optional) ☒ ☐
    h. Gait/Transfer Belt ☒ ☐
    i. Hair Supplies
        i. Shampoo ☒ ☐
        ii. Brush ☒ ☐
        iii. Comb ☒ ☐
        iv. Shampoo board ☒ ☐
    j. Linens ☒ ☐
    k. Linens & Pillows (for positioning) ☒ ☐
    l. Lotion ☒ ☐
    m. Soap ☒ ☐
    n. Deodorant ☒ ☐
    o. Mouth Care Supplies
        i. Dentures ☒ ☐
        ii. Denture Cup ☒ ☐
        iii. Toothbrush ☒ ☐
        iv. Toothpaste ☒ ☐
        v. Emesis ☒ ☐
        vi. Swabs ☒ ☐
    p. Nail Care Supplies
        i. Nail Clippers ☒ ☐

        ii. Emery Boards ☒ ☐
        iii. Orange Sticks ☒ ☐
    q. Obstructed Airway Manikin ☒ ☐
    r. Patient Bed ☒ ☐
    s. Patient Gowns for Dressing/Undressing ☒ ☐
    t. Restraints & Protective Devices ☒ ☐
    u. Samples of records of charting ☒ ☐
        i. Intake & Output ☒ ☐
        ii. Vital Signs ☒ ☐
    v. Scales for Height & Weight ☒ ☐
    w. Shaving Supplies
        i. Razor ☒ ☐
        ii. Shaving Cream ☒ ☐
        iii. After-Shave lotion ☒ ☐
    x. Sphygmomanometer ☒ ☐
    y. Stethoscope ☒ ☐
    z. Thermometers (Non-Mercury) ☒ ☐
    aa. Urinal ☒ ☐
    bb. Wheelchair ☒ ☐
    cc. Ted Hose ☒ ☐
Other Supplies (List):

IMPORTANT
Below is the verbiage concerning the abuse registry checks that are required within 10 days of the beginning of class. This is from the Medicaid Services Manual, Section III, point I, on page 8.
      "Before starting the class it is the Program Coordinator's responsibility to contact the Nurse Aide Registry and Abuse Registry to assure that all students enrolled are qualified. Qualified means the individual is not listed on the Nurse Aide Registry and Abuse Registry with a finding of neglect, abuse or misappropriation of resident property. The instructor shall also inform each student that upon successful completion of the nurse aide training and competency evaluation program their name shall be placed on a state registry, which shall be made available to other states and interested parties."

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STUDENT ELIGIBILITY REQUIREMENTS FOR MNA TESTING

        Students must demonstrate **16 Clinical & 59 Theory Hours**

        Student skills sheet must be **completed**

        Student must have a minimum **70% average on all TESTS** (not daily work assignments) during school term

COMMENTS (Explanation of any unmet requirements):

This site visit was conducted to assess your equipment and documentation for secondary students as required by the Cabinet for Health Services. Thank you for your hospitality and the assistance given during this review. If I can be of further assistance with your program contact me by phone at (502) 564-4286 ex 4253 or via email at Elizabeth.Bullock@education.ky.gov

KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM

MEDICAID NURSE AIDE TRAINING PROGRAM

SITE VISIT REPORT FOR SCHOOL YEAR _____

SCHOOL/COLLEGE

NAME_____

ADDRESS_____

_____

PHONE
NUMBER_____FACILITY APPROVAL NUMBER_____

SECONDARY NUMBER_____ADULT NUMBER (IF APPROVED)_____

KNAT
COORDINATOR_____

RN PRIMARY   KY BOARD OF NURSING
INSTRUCTOR_____LICENSE NUMBER_____
LTC Experience:_____

NURSE AIDE TRAINER(S):	KBN NUMBER:	One year LTC Experience
		Yes No
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

AVERAGE CLASS SIZE _____

CLINICAL SITE(S) NAME(S)	TYPE OF FACILITY	Extended Survey or Civil Money Penalty (CMP)	
_____		Yes ☐	No ☐
_____		Yes ☐	No ☐
_____		Yes ☐	No ☐

The MOA with the Department of Medicaid Services requires that Test Evaluators be registered nurses with at least one-year experience in providing care for the elderly and that this information be submitted in the annual report. In compliance with these requirements, please provide the following information.

NURSE AIDE Evaluators(s):   **KBN NUMBER:**   **Years Experience In Caring for Elderly:**

_____   _____   _____

_____   _____   _____

_____   _____   _____

_____   _____   _____

	1st Time Tested		
Total Trained	**No. Tested 1st Time**	**No. Passing 1st Time**	**Passing Rate 1st Time Tested[1]**
			%

[1]**Divide No. Passing 1st Time by No. Tested 1st Time to get the Passing Rate 1st Time Tested.**

COMMENTS (FOR OFFICIAL USE ONLY):

_____

_____

_____

_____

All programs must submit this report by May 30st to:

Please mail to: Please mail to:
                         Kentucky Department of Education
                         Office of Career & Technical Education
                         Vicki Weaver
                         20th Floor CPT
                         500 Mero Street
                         Frankfort, KY 40601
Fax: 502-564-4800
Telephone: 502-564-4286 Ex. 4245
Email: Vicki.Weaver@education.ky.gov

Kentucky Department of Education
Office of Career and Technical Education
Methods of Instruction 3 hour update (Medicaid Nurse Aide)

ELIGIBILITY: Persons enrolling for this course must meet other requirements outlined by Medicaid Services prior to being able t offer an approved nurse aide course, must discuss with your Health Science Consultant.   Also, you must have current KY RN license with a minimum of four years experience with at least one of which shall be in the provision of long-term care facility one year.

DATE & TIME: _____

INSTRUCTOR: Elizabeth Bullock, RN

COURSE LENGTH: 3 hours

COST: Course fees of $100.00 Make check payable to: KY State Treasure

Registration

Name: _____

          Last   First   MI

Home Address: _____

City: _____ State: _____ Zip: _____

Nursing License #: _____

Name and Address of agency employing you to teach Medicaid Nurse Aide Course:

_____

 School   Address

_____

 City   State   Zip Code

_____

 E-mail Health Instructor

_____

E-mail Principal

_____

Long-term Care experience (name of facility)   Dates Employed

Return completed registrations to:

Elizabeth Bullock, Consultant
Kentucky Department of Education
Office of Career and Technical Education
500 Mero Street
CPT 20th Floor
Frankfort, KY 40601

MUST REGISTER BY FEBRUARY 1 ST

_____   _____

Health Science Instructor Signature   Principal Signature

_____   _____

Date   Date

KENTUCKY MEDICADE NURSE AIDE PROGRAM
REQUIRED DOCUMENTATION OF RECORDS

The following records **must** be kept on file for five (5) years:

1. Attendance – clinical and theory hours must be documented separately.
2. Tests- sample of three tests given during course.
3. Skills check-off list – must be dated and initialed by instructor and a copy given to student upon completion of the course.
4. TB skin test and hepatitis vaccine or waiver
5. Evaluation of course and instructor
6. Abuse record validation

A copy of the following documents **will be reviewed** at the onsite evaluation every year.

1. Attendance policy
2. MOA
3. Statement of Understanding
4. Clinical Agreements
5. Liability insurance
6. Faculty credentials
7. Approved curriculum (textbook)

REQUIRED EQUIPMENT AND SUPPLIES

a. Adult manikin & Anatomical Parts
b. Audio-visual equipment
c. Basins (for bed bath)
d. Bedpan
e. Catheter supplies
f. Denture care (dentures, denture cup)
g. Disposable gloves
h. Geriatric chair (optional)
i. Hair care supplies (shampoo, brush, comb, shampoo board)
j. Linens
k. Linens & pillows for positioning
l. Lotion, soap, deodorant
m. Mouth care supplies (toothbrush, toothpaste, emesis, swabs)
n. Nail care (nail clippers, emery boards, orange sticks)
o. Obstructed airway manikin
p. Patient bed
q. Restraints & protective devices
r. Samples of records of charting - Intake & Output - Vital Signs
s. Scales for height and weight
t. Shaving supplies (razor, shave cream, after-shave lotion)
u. Sphygmomanometer
v. Stethoscope
w. Thermometers (non mercury)
x. Urinal
y. Wheelchair
z. Ted hose

ELSEVIER

☑ Request a review copy!

A complete, concise guide for long-term care nursing assistants

Clear and readable, this revised text provides step-by-step instructions for more than 100 procedures performed by long-term care nursing assistants.

- o **NEW and updated chapters** present information necessary for providing safe and effective care.
- o **Over 800 full-color photos and drawings** visually present key ideas, concepts, and procedure steps.
- o **A companion Evolve website** includes complete instructor materials that feature TEACH lesson plans, PowerPoint slides, and an image collection, as well as nursing assistant video clips for students.

Mosby's Textbook for Long-Term Care Nursing Assistants, 6th Edition

Sheila A. Sorrentino, RN, MSN, PhD
October 2010
ISBN: 978-0-323-07583-1

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Learn more about this complete learning solution!

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     :: NSO Marketplace
       [Submit Query]
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| Individuals | Professional Liability Insurance | Personal Insurance | Risk Management Resources | Customer Service | Business Owners | Schools |

NSO's Professional Liability Insurance for Nursing Students

"How can I be sued? I'm still a nursing student."

Why do I need coverage? In this series of videos, nurse-attorney Edie Brous, R.N., Esq., provides her insights into the value of having your own individual professional liab...

Your "crime" might be nothing more than being on the floor when the incident occurred. The cold truth is, when patients sue, their lawyers can name everyone -- the hospital, nurse, and yes -- even you, a nursing student.

What's more, the lawsuit can be filed years after you graduate. Any claims-made coverage your school or hospital might provide you now, could be useless in the future.

What do you do? Cover yourself now with this NSNA-endorsed protection. As long as you have this coverage at the time of the incident, you'll always be protected. Even if y... Even if you've left nursing! So doesn't it make sense to protect yourself now for just $35 a year? You bet it does.

Your Nursing Career is a wise investment. Protect your career, assets and future earnings!

As your nursing career begins to take shape, you need to be aware of several recent trends that are having a major impact on all health care professionals, and on nurses in particular. It is important that you take action now to protect yourself for time spent in a clinical setting.

First, an increasing number of patients believe that if their care outcome is less than expected, it is grounds for litigation. This springs from the growing attitude among Americans that when things go wrong, somebody owes them a cash settlement.

Second, the constant pursuit of cost-cutting at most health care institutions today is increasing demands on nurses. As a student, you could find yourself in a high-stress environment where problems can quickly escalate. If something goes wrong, you could face costly legal consequences, even though you are not at fault.

This is not to alarm you, but merely to illustrate that things do happen in the clinical setting and it is better to be prepared than to be caught off guard. Nursing is a challenging and rewarding career and most patient care is provided without incident. But it only takes one case to cause financial upheaval and career concern.

For student nurses, the cost is just $35 a year.

Find out why you're at risk counting solely on your school or hospital-provided coverage.

NSO Protection stays with you throughout your career.

As you move through nursing school, your first year of nursing, and throughout your career, your NSO coverage stays with you. Coverage increases as you take on full nursing duties and protects you 24/7. You're protected now at school, later at work, and even for off-duty emergencies.

And because NSO coverage is an occurrence policy, you'll be protected even if a claim is filed for a student incident after you've graduated. Or, once employed, if you change jobs and a claim is filed later. If your school or employer coverage is a claims-made policy, you may have no protection for charges filed after graduation or your period of employment.

So I urge you to take the important step that over 650,000 nurses have already taken. Apply today for NSO Malpractice Insurance. Then, if something goes wrong -- and it's only a matter of time in today's high-stress health care environment -- your career and your financial security are protected.

Read the full details about benefits that professional liability insurance through NSO offers.

NSO Coverage is Endorsed by NSNA

NSNA
National Student Nurses' Association

Dr. Diane Mancino, NSNA Executive Director notes, "Every nurse and nursing student should carry an individual liability insurance policy to protect their interest in this highly litigious environment." Dr. Mancino adds, "NSNA wants to ensure that every NSNA member has access to the best coverage available for the best price".

Take charge of your own future.

APPLY Online

nso **30 Years**   Meeting the insurance needs of nursing professionals for over 30 years.

159 E. County Line Road :: Hatboro, PA 19040

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MEDICAID NURSE AIDE
APPROVAL FOR ALTERNATE FORM OF TEST
(To be requested by the Nurse Aide Test Candidate Only)

Please contact your coordinator at least two weeks in advance to review your impairment needs and verify test appointment

_____   _____
Test Candidate's Name (Please Print)   Social Security Number

Pursuant to 42 CFR 483.154, I am requesting to take an alternate form of the test for Medicaid Nurse Aide. I am requesting the alternate form because of one of the following criteria (Please check one):

    ( )   has a reading impairment
    ( )   has sight impairment
    ( )   has a hearing impairment
    ( )   will bring translating dictionary

Your name may be identified on the registry indicating that you have a disability. However, if the hearing loss is so significant that you might not be able to hear a resident's request for assistance, the registered nurse administering the examination shall evaluate the appropriateness of passing you.

_____   _____
Signature   Date
Nurse Aide Test Candidate

Pursuant to 42 CFR 483.154, I certify that the individual submitted for testing with an impairment (reading, sight, hearing, or language) has been assessed by this facility and deemed capable of performing the job duties of a Nurse Aide.

_____   _____
Signature   Date
Staff Development Coordinator or
MNA Instructor

_____
Work Telephone Number

MNA Testing Procedures

The following are the procedures which should be followed to complete your MNA Program Testing in an orderly and timely manner:

*Contact Vicki Weaver at least 3 months in advance to obtain materials needed for the
   testing procedures (number needed)
      *Kentucky Application for Nurse Aide Registration
      *Kentucky MNA Test Roster (make sure principal has signed this)
      *Test Sheets (blue, red, green bubble sheets)

*Schedule testing date & time with coordinator (Elizabeth Bullock)

*Prior to Testing – Have students complete all the forms listed above. Remind the students that they must have a state issued ID on the day of testing (**school ID's will not be accepted)**

*Payment – Payment will need to be mailed in at least two weeks prior to your testing date along with a copy of your roster. **If we do not receive this, your testing date will have to be rescheduled.**
If you plan to use Perkins funds please make note of that on your roster.

*Day Prior to Testing – Make sure you have all needed clinical testing supplies located in an accessible area for the
   test administrator to set up the following morning.
      *Inform students of necessary supplies needed for testing the next day (pencils, ID's, driver's
         license, non laminated social security card)
      *Make sure you have a room ready for students to take written test.
      *Check student testing forms to make sure they are correct – make any necessary changes.

*Day of Testing – Arrive promptly to make sure the clinical lab and classroom for written test are properly prepared for
   testing. Assist test administrators with any needed supplies.
      *Someone to administer written test
      *Registered Nurse to assist with clinical evaluations (it takes 45 minutes per student to
         complete the skills portion.)

*Testing Retake Examinations – Must obtain special permission from MNA coordinator
 (Elizabeth Bullock) before they will be allowed to re-take the exam.

*Complete the following attached form and return it to:

Vicki Weaver
Office of Career & Technical Education
500 Mero St. 20th Floor
Frankfort, KY 40601
(502) 564-4286 Ex. 4245
Vicki.Weaver@education.ky.gov

MNA Testing Pre-Registration

School serving as the Testing Site: _____

| Name of Schools Testing | # of Students Testing per School |

_____   _____

_____   _____

_____   _____

Visiting School(s) Arrival Time at Testing School: _____

Written Test Room Location or Number: _____

Clinical Skills Room Location or Number:_____

Names of Test Administrators and Kentucky Nursing, License #:

Written Exam: _____

_____

_____

Clinical Exam: _____

_____

<u>Changes to MNA Testing Payment</u>

Beginning the 2013-2014 school year, we will be implementing a new schedule of payment for the MNA testing. We will now require payment to be received along with a copy of your testing roster at least two weeks prior to your testing date. We will accept school or HOSA checks, cashier checks or money orders.

<u>We will NOT accept checks from the students.</u> If you plan on using Perkins funds, please make note of that on your roster and submit that.

If payment is not received at least 2 weeks before your testing date, your testing will be rescheduled to another open date at a later time.

Please send your rosters and payment to:

Vicki Weaver
Office of Career & Technical Education
500 Mero St. 20th Floor
Frankfort, KY 40601

MNA Lab Requirements

Lab should have the following *minimum* required equipment:

- o 3 - Adult Manikin with Anatomical parts
- o 3 - Basins (for bed bath)
- o 3 - Bedpan
- o 3 - Catheter supplies
- o Denture Care
  - ▪ 3 - Dentures
  - ▪ 3 - Denture Cup
- o Boxes of Disposable Gloves
- o 2 - Elastic Stockings (Knee-hi)
- o 3 - Gait/Transfer Belt
- o Hair Care Supplies
  - ▪ 2 - Shampoo
  - ▪ 2 - Brush
  - ▪ 2 - Comb
  - ▪ 2 - Shampoo Board
- o 3 Sets Linen Packs & pillows for positioning
- o Bathing Supplies
  - ▪ 3 - Lotion
  - ▪ 3 - Soap
  - ▪ 3 - Deodorant
  - ▪ 3 - Towels
  - ▪ 3 - Washcloths
- o Mouth Care Supplies
  - ▪ 3 - Toothbrush
  - ▪ 3 - Toothpaste
  - ▪ 3 - Emesis
  - ▪ Several Swabs
- o Nail Care
  - ▪ 3 - Nail clippers
  - ▪ 3 - Emery boards
  - ▪ 3 - Orange Sticks
- o 1 - Obstructed airway manikin
- o 3 - Patient Bed
- o Several Patient Gowns for Dressing/Undressing
- o 1 - Scales for Height & Weight
- o Shaving Supplies
  - ▪ 2 - Razor
  - ▪ 2 - Shaving Cream
  - ▪ 2 - After-shave lotion
- o 3 - Sphygmomanometer
- o 3 - Stethoscope
- o 3 - Urinal
- o 1 – Wheelchair
- o Sink with Water

*

Kentucky Medicaid Nurse Aide Test Roster Instructions

Please do not alter the form in any way and either type or print clearly.

1. Health Care Facility – School or ATC Facility Name
2. Address – Enter Physical Address/Mailing Address
3. City, State, Zip Code
4. Telephone Number of School or ATC
5. Contact Person: MNA Teacher Name
6. Requested Test Date – Date you requested testing at your facility
7. Actual Test Date
8. Test Center Name – Name of School where your students are taking test
9. Facility Administrator Signature – THIS MUST BE SIGNED BY THE PRINCIPAL
10. Last Name – First Name, Middle Initial of Student – should be same as on Social Security Card or photo ID
11. Social Security Number – Format XXX-XX-XXXX)
12. ID – Will be completed on testing day
13. Training completion Date – This is the last day you taught you MNA Class (cannot be same as testing date
14. Student signature – will be obtained by person checking student ID and administering written test
15. Trainer Provider Approval Number – This is the number assigned to you by KCTCS as an approved training facility (Copy of number can be obtained from OCTE)
16. Candidate Status – Refer to Box at bottom right side of page – (USUALLY – 001)
17. Cost – Amount OCTE charges student to administer the test (Currently $20)

KENTUCKY MEDICAID NURSE AIDE TEST ROSTER

For Office Use Only

Facility No.	_____
Written Test Form	_____
Performance Test Form	_____
Testing Region No.	_____

Health Care Facility _____1_____

Address _____2_____

_____3_____

Phone ___4___   **Contact Person** ___5___   **Test Center Name** ___8___

Test Date Requested ___6___   **Actual Test Date** ___7___

Test Candidates

	Last Name	First Name	Middle Initial	Social Security Number	ID (V)	Training Completion Date	Student Signature (Must be signed only on test date)	Training Provider Approval Number	Candidate Status	Cost
	10			11	12	13	14	15	16	17
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

TEST CANDIDATE RELEASE STATEMENT

I acknowledge that I have read the Medicaid Nurse Aide Testing Procedures Manual and agree to abide by the rules and conditions in the manual as attested by my signature, above.

Test Administrator Signatures _____

_____

Regional Test Coordinator Signature _____

KENTUCKY MEDICAID NURSE AIDE TEST ROSTER

For Office Only

Health Care Facility _____

Address _____

Phone _____

Requested Test Date _____

Contact Person _____		**Facility No.** _____
Actual Test Date _____	**Test Center Name** _____	**Written Test Form** _____
		Performance Test Form _____
		Testing Region No. _____

TRAINING DOCUMENTATION

I certify that the individuals listed on this roster have successfully completed a state-approved Nurse Aide Training Program, that the training approval number for that program is listed, and that appropriate documentation is on file. I certify that the individuals submitted for testing with an impairment (reading, sight, hearing, or language) have been assessed by this facility and deemed capable of performing the job duties of a Nurse Aide.

Facility Administrator Signature _____

Test Candidates			Social Security Number	ID (√)	Training Completion Date	Student Signature (Must be signed only on test date)	Training Provider Approval Number	Candidate Status	Cost
Last Name	**First Name**	**Middle Initial**							
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

TEST CANDIDIDATE RELEASE STATEMENT

I acknowledge that I have read the Medicaid Nurse Aide Testing Procedures Manual and agree to abide by the rules and conditions in the manual as attested by my signature, above.

Test Administrator Signatures _____ _____

Regional Test Coordinator Signature _____

CANDIDATE STATUS
1 – Written & Performance
4 – Retake Written
5 – Retake Performance
6 – Re-registration

Must include Middle Initial — do NOT have "R." or "A."

NAME (Last, First, M.I.)

JONES MARIE L

Annual Test Date

TEST DATE		
MO.	DAY	YR.

SOCIAL SECURITY NUMBER

1 2 3 4 5 6 7 8 9

TEST NUMBER

Blue Sheet

KCTCS NURSE AIDE "ANSWER SHEET"
FOR USE WITH TESTMATE
SEE IMPORTANT MARKING INSTRUCTIONS ON SIDE 2

SIDE 1

NCS Pearson™ forms EM-245865-1:8   Printed in U.S.A.

KCTCS NURSE AIDE
ANSWER SHEET

IMPORTANT DIRECTIONS
FOR MARKING ANSWERS

- Use #2 pencil only.
- Do NOT use ink or ballpoint pens.
- Make heavy black marks that fill the circle completely.
- Erase cleanly any answer you wish to change.
- Make no stray marks on the answer sheet.

EXAMPLES

WRONG ① ⊗ ③ ④ ⑤
WRONG ① ② ⊘ ④ ⑤
WRONG ① ② ③ ④ ⑤
RIGHT ① ② ● ④ ⑤

DO NOT
WRITE
IN THIS
SPACE

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KENTUCKY MEDICAID NURSE AIDE PERFORMANCE TEST

NAME Mary Lou Jones

SSN 123-45-6769

TE 10-31-2009

REGION 285

EVALUATOR

	(T)	(F)
1	A	B
2	A	B
3	A	B
4	A	B
5	A	B
6	A	B
7	A	B
8	A	B
9	A	B
10	A	B
11	A	B
12	A	B
13	A	B
14	A	B
15	A	B
16	A	B
17	A	B
18	A	B
19	A	B
20	A	B
21	A	B
22	A	B
23	A	B
24	A	B
25	A	B
26	A	B
27	A	B
28	A	B
29	A	B
30	A	B
31	A	B
32	A	B
33	A	B
34	A	B
35	A	B
36	A	B
37	A	B
38	A	B
39	A	B
40	A	B
41	A	B
42	A	B
43	A	B
44	A	B
45	A	B
46	A	B
47	A	B
48	A	B
49	A	B
50	A	B

	(T)	(F)
51	A	B
52	A	B
53	A	B
54	A	B
55	A	B
56	A	B
57	A	B
58	A	B
59	A	B
60	A	B
61	A	B
62	A	B
63	A	B
64	A	B
65	A	B
66	A	B
67	A	B
68	A	B
69	A	B
70	A	B
71	A	B
72	A	B
73	A	B
74	A	B
75	A	B
76	A	B
77	A	B
78	A	B
79	A	B
80	A	B
81	A	B
82	A	B
83	A	B
84	A	B
85	A	B
86	A	B
87	A	B
88	A	B
89	A	B
90	A	B
91	A	B
92	A	B
93	A	B
94	A	B
95	A	B
96	A	B
97	A	B
98	A	B
99	A	B
00	A	B

NAME OF STUDENT MARY L. JONES

SOCIAL SECURITY NUMBER | REGION | TRAINING CENTER — SCHOOL NUMBER

1 2 3 - 4 5 6 - 7 8 9 | 2 1 8 5 | 9 0 7

LAST NAME

FIRST NAME | MI

STREET ADDRESS (SEPARATE EACH WITH A SPACE)

Green Sheet

FACILITY

3 digits only - leave four & Blank

Leave Blank

leave four & Blank

ANSWERS TO THE FOLLOWING THREE QUESTIONS ARE NOT MANDATORY, BUT WE WOULD LIKE YOUR RESPONSE FOR STATISTICAL PURPOSE.

1. ETHNIC BACKGROUND

- ASIAN
- BLACK
- HISPANIC
- INDIAN
- WHITE

2. SEX

- MALE
- FEMALE

TRAINING DATE

MO	DAY	YEAR

STATUS

BIRTH DATE

MO	DAY	YEAR

Complete this section

City

STATE

CITY (SEPARATE EACH NAME WITH A SPACE)

STATE

ZIP CODE   (EXTENDED)

AREA CODE

PHONE NUMBER

TEST DATE

MO	DAY	YEAR

use five digit

MAP-417

(Rev. 08/10)

KENTUCKY APPLICATION FOR NURSE AIDE REGISTRATION

_____   _____

APPLICANT NAME **(Last, First, Middle or Maiden Name)**   SOCIAL SECURITY NUMBER

_____

STREET OR RURAL ROUTE

_____

CITY   STATE   ZIP CODE

_____

HOME TELEPHONE NUMBER (INCLUDE AREA CODE)   DATE OF BIRTH (MM/DD/YY)

_____ _____ HAVE YOU EVER BEEN PLACE ON A NURSE AIDE REGISTRY?

YES   NO

IN WHICH STATES? _____

_____

_____ _____ ARE THERE ANY FINDINGS OF ABUSE, NEGLECT, OR MISAPPROPRIATION OF

YES   NO   RESIDENT PROPERTY AGAINST YOU ON A NURSE AIDE ABUSE REGISTRY?

IN WHICH STATE? _____

_____

_____ _____ ARE YOU CURRENTLY UNDER INVESTIGATION?

YES   NO

IN WHICH STATES? _____

_____

WHAT IS THE NATURE OF THE INVESTIGATION?

_____

_____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT.

_____ _____

SIGNATURE OF NURSE AIDE APPLICANT   DATE

FALSIFICATION OF THIS DOCUMENT MAY DISQUALIFY THE APPLICANT FROM PLACEMENT IN GOOD
STANDING ON THE NURSE AIDE REGISTRY IN KENTUCKY.

KENTUCKY COMMUNITY AND TECHNICAL COLLEGE SYSTEM
BUSINESS PROCEDURES MANUAL

Effective Date: August 15, 2006	Procedure 7.9
Supersedes: Procedure 7.9 dated July 1, 2005	Page 1 of 9
Applies To: Colleges	
Procedure Responsibility: Budget and Financial Planning Office	

Nurse Aide Testing and Training (KNAT) and Medication Aide Testing Charges

Section 7.9.1 – General
Section 7.9.2 – Basic Principles
Section 7.9.3 – PeopleSoft Class Setups and Charges
Section 7.9.4 – KCTCS Administrative Recharge
Section 7.9.5 – Registration
Section 7.9.6 – Records
Section 7.9.7 – Testing
Section 7.9.8 – Rationales
Section 7.9.9 – Additional Reference Materials

7.9.1 - General

Kentucky Nurse Aide Training (KNAT) started prior to the technical education ("Tech Ed") involvement in 1987 with a mandate attached to the federal budget requiring states to address the poor state of affairs in long term health care. Prior to the 1987-1989 time frame, "State Vocational Technical Schools" were teaching a nurse aide program of around 360 clock hours and awarding a certificate for successful completion. By 1989, the Commonwealth of Kentucky selected Technical Education (Tech Ed) to do the required testing statewide. From its inception, nurse aide training and testing have been self-supporting through charges to individual students taking the course/test. Fees associated with nurse aide testing and training are split between the testing institution and the KCTCS state-wide office of the nurse-aide coordinator.

There are three courses taught under the Nurse Aide Program umbrella. They are: 1) Medicaid Nurse Aide (with courses listed as MNA100 - Medicaid Nurse Aide, NAA100 - Nursing Assistant Skills I, and, NAA125 - Advanced Nursing Assistant), 2) Kentucky Medication (Rx) Aide (KMA100), and 3) Methods of Instruction for Nurses Teaching the Medicaid Nurse Aide (MOI). Each of these is to be, at a minimum, cost recovery. This document provides necessary guidance and instruction to assure compliance with the Federal and State laws and regulations, contracts and KCTCS fiscal interests.

7.9.2 - Basic Principles

1.   Nurse aide training is to be, at minimum, cost recovery.

2.   Nurse aide testing is to be, at minimum, cost recovery.

       The Commonwealth of Kentucky Department for Medicaid Services (DMS) caps the amount of reimbursement for nurse aide training at $200 per student, including long-term facility (Nursing Home sponsored) students enrolled on-line. In its contract with

KCTCS, DMS has negotiated from the following position: 1) that the State has limited financial resources to support nurse aide training; 2) that increasing the rate of reimbursement is not currently financially feasible; and, 3) that KCTCS is making sufficient financial return on nurse aide testing to offset any losses or minimum return costs associated with nurse aide training.

To offset the administrative support provided for the nurse aide program by the KCTCS System Office a $20 per student charge for NAA100, NAA125, and MNA100 courses is charged to the college.

3. Methods of Instruction, a course to qualify nurses to teach nurse aides in approved care facilities, is to be, at minimum, cost recovery.

4. Kentucky Medication (Rx) Aide (KMA) Training and Testing are to be, at minimum, cost recovery. **NOTE**: KMA Testing and Training are separate item types in PeopleSoft Student Financials.

5. On-site high school health science students [students of the Office for Career Technical Education (KY TECH) and the Kentucky Department of Education] taking the course as dual credit are to be assessed the full cost of attendance for nurse aide training and/or testing. A college may at its discretion waive all or any portion of the cost of attendance. The difference is the amount the student will actually pay, if any, i.e., the $20 per student KCTCS' administrative recovery charge is applicable to the college regardless of whether the college waives any or all of the cost of attendance. For students receiving a cost of attendance waiver (full or partial) the $20 administrative charge may be assessed as a pass-through per KCTCS' Schedule of Approved Charges.

    On-line students dually enrolled with the Office for Career and Technical Education (KY TECH) and/or the Kentucky Department of Education with a college of the Kentucky Community and Technical College System (KCTCS) – Kentucky Virtual University (KYVU) for Medicaid Nurse Aide (NAA100 or NAA125), shall be assessed KCTCS tuition as a dual enrolled student. Per KCTCS' Memorandum of Agreement -- Addendum A of the Kentucky Medicaid Nurse Aide program stipulate that tuition waivers are not accepted in lieu of tuition for these students.

6. All Nurse Aide testing candidates that are trained at a KCTCS college must be checked against PeopleSoft student financials to ensure a test candidate is in good financial standing. In good financial standing is defined as the test candidate's account does not have a financial hold or balance outstanding. To reduce the issue of candidates not being in good financial standing Nurse Aide Coordinators are to furnish a list of candidate names with applicable identification number (e.g. social security or PeopleSoft Emp ID) to the local college business office for verification. The local college business office will notify the Nurse Aide Coordinator if a candidate has a delinquent balance. The above process may be repeated to verify all test candidates at the discretion of the college. If a test candidate has a delinquent

balance, testing is refused until the candidate's account is in good standing. For third party sponsored test candidates, the financial hold may be temporary removed and reinstated after the candidate is entered in PeopleSoft in situations where community relations with the third party demand.

7. Students of the KY TECH and/or the Kentucky Department of Education enrolled in a Kentucky Virtual High School (KVHS) delivered Medicaid Nurse Aide (NAA100 or NAA125) on-line course shall be assessed KCTCS tuition and will be enrolled as dual credit students within KCTCS. Per KCTCS' Memorandum of Agreement -- Addendum A of the Kentucky Medicaid Nurse Aide program stipulate that tuition waivers are not accepted in lieu of tuition for these students.

8. The college business office is to collect payment for nurse aide training or testing.

9. The college business office is to invoice the high school (recognized Technical Education Center) for individuals that are tested when the individual has not paid the college business office directly. A copy of the test roster is to be sent with all invoices. The high school (recognized Technical Education Center) will be billed for all test takers that are listed on a roster, including those who fail to keep their test appointments or provide proper documentation. See Section 7.9.7 points 6 and 7 below.

7.9.3 - PeopleSoft Class Setups and Charges

1. *Nursing Home Sponsored Students – Course Fee Applicable -* KCTCS codes the course for nursing home sponsored students as MNA100. The college will set up the Nurse Aide class with ZERO (-0-) tuition, a course fee, professional liability insurance charge, and the charge for the first Competency Evaluation (state test). At the rates designated in the KCTCS Scheduled of Approved Charges. The PeopleSoft Student Financials item types are as follows: 80xxxxx12160* (where xxxxx is college business unit) for the course fee, 80xxxxx16020 for the professional liability insurance charge, and 80xxxxx12140 for the charge for the first Competency Evaluation (state test).

2. *Regular (Non Nursing Home Sponsored) Students – Regular Tuition Applicable*

   In-State Students - taking *Nurse Aide 100 (NAA100) are to be* assessed regular in-state tuition based on the number of credit hours of the course - normally NAA100 is for 3 credit hours.

   Out-of-State Students taking *Nurse Aide 100 (NAA100)* are to be assessed tuition at the out-of-state tuition rate based on the number of credit hours. Out-of-state tuition is equal to three times the in-state tuition rate.

   Out-of-State Contiguous Counties Students – students of contiguous counties of contiguous states bordering Kentucky taking the Nurse Aide are to be assessed tuition at the contiguous counties of contiguous states tuition rate which is equal to 1.2 times the in-state tuition rate.

NOTE: PeopleSoft Financials item types for the professional liability insurance and the charge for the first Competency Evaluation (State test) are 80xxxxx16020 and 80xxxxx12140 respectively regardless of whether the course is for nursing home sponsored students or regular tuition students.

To facilitate training, testing, and business processes, the receipt of payment for the charges related to Section 7.9.2 – Basic Principles, steps 1, 2 or 3 must be presented to the Nurse Aide Coordinator -Instructor prior to the first day of class. Students who have not paid their tuition and fees or arranged for a payment plan on or before the college's required payment date are subject to having their registration cancelled for nonpayment.

As both nurse aide courses (NAA100 and MNA100) are identical other than cost, both nurse aide courses may be offered within the same college, by the same instructor, for the same hours, and within the same classroom, etc.

Nurse Aide Training Programs	Code	Tuition	Fee	Item Type (Where xxxxx is college business unit.)	Local College Portion	System Office Portion
Nurse Aide Training *Sponsored by Nursing Facility*	Medicaid Nurse Aide MNA-100		$200.00	80xxxxx12160	$180.00	$20.00
Nurse Aide Training *All Other In-State Non-Sponsored Individuals*	Nursing Assistant Skills I NAA-100	3 Student Credit Hours (SCH)			Assessed Tuition *less $20.00*	$20.00
Nurse Aide Training – *Out-of-State Students*	Nursing Assistant Skills I NAA-100	3 times – 3 SCH In-State Tuition Rate			Assessed Tuition *less $20.00*	$20.00
Nurse Aide Training *"Contiguous Counties" of Contiguous States Students*	Nursing Assistant Skills I NAA-100	3 SCH – times 1.2 In-State Tuition Rate			Assessed Tuition *less $20.00*	$20.00
Nurse Aide Method of Instruction – MOI			$175.00	80xxxxx12120	$175.00	$0.00
Dual Credit Secondary Students*	Nurse Aide Advanced NAA-100	3 Student Credit Hours			Assessed Tuition *Less Waiver*	$20.00
Kentucky Medication Aide (RX) Training Programs	KMA-100		Cost Recovery	80xxxxx12170		$0.00

Assessments	Code	Tuition	Fee	Item Type (Where xxxxx is college business unit.)	Local College Portion	System Office Portion
Nurse Aide Testing – Written and Performance Combined			$75.00	80xxxxx12140	$55.00	$20.00
Nurse Aide Testing – Written Only			$15.00	80xxxxx12140	$5.00	$10.00
Nurse Aide Testing – Performance Only			$60.00	80xxxxx12140	$50.00	$10.00
Secondary Students**	Written & performance combined		$75.00	80xxxxx12140	$55.00	$20.00
Kentucky Medication Aide Assessment			$40.00	80xxxxx12150	$25.00	$15.00
Other Charges	Code	Tuition	Fee	Item Type (Where xxxxx is college business unit.)	Local College Portion	System Office Portion
Setup Charge for Testing at a Nursing Facility (optional)			$75.00 per Setup		$75.00	$0.00
Professional Liability Insurance			$20.00	80xxxxx16020		

*NOTE: A college enrolling high school or area technical center dual credit students and waiving the cost of attendance for the dual enrolled students may assess the $20.00 (per student) cost recovery charge assessed to the college for the System Office's administrative support. The charge is a pass-through assessment per KCTCS' Schedule of Approved Charges.

**NOTE: Each college has the discretion to set the test rate (not to exceed contractual amount agreed upon with CHS) for individuals enrolled in a high school (recognized Technical Education Center) health science program. KCTCS requires a minimum charge of $20.00 provided there are no additional costs to the college to accommodate testing. Additional costs to the college to provide the testing may result in additional charges to fully recover associated costs. The system office will be charging $10.00 per assessment (written and performance). If the college charges the minimum charge of $20.00, these assessments will be revenue neutral. The college business office is to invoice the high school (recognized Technical Education Center) for individuals that are tested when the individual has not paid the college business office directly. A copy of the test roster is to be sent with all invoices. The high school (recognized Technical Education Center) will be billed for all test takers that are listed on a roster, including those who fail to keep their test appointments or provide proper documentation. See Section 7.9.7 points 6 and 7 below.

Charges listed above are subject to change. In the event of any questions regarding charges the annual KCTCS Schedule of Approved Charges supersedes this document.

In instances where the delivering college offers the on-line NAA100 or MNA100 course and the home college are different and where the clinical provider and lab provider are different the following distribution of the $200 course charge is presented.

COMPONENTS	MNA FEE	ACTION	NAA TUITION	ACTION
Home College	$20	Collects Fee	Receives Head Count	Invoices the sponsor
Delivering College	$60	Initiate Journal Voucher	67% or 2 credits less $20.00 System Office	Receives payment through PeopleSoft
Clinical Provider	$50	Initiate Journal Voucher or Invoice	16.5% or ½ credit	Initiates Journal Voucher
Lab Provider	$50	Initiate Journal Voucher or Invoice	16.5% or ½ credit	Initiate Journal Voucher
KCTCS System Office	$20	Pull enrollments from PeopleSoft	$20.00	Pull enrollments from PeopleSoft

When the Nurse Aide (NAA) online course is offered by the Kentucky Virtual High School, the Kentucky Virtual High School collects the fee. The Clinical Provider and Lab Provider initiate invoices based on number of students served in the Kentucky Virtual High School delivered Medicaid Nurse Aide (NAA) online course and bills Kentucky Virtual High School. KCTCS System Office will receive $20 per student enrollment from Kentucky Virtual High School for administrative processing.

The deliverer of the clinical and lab components of the Medicaid Nurse Aide course shall forward to the teaching institution - faculty documentation of the following:

    a) Verification of Tuberculosis Skin Test/Chest X-Ray
    b) Verification of Hepatitis Vaccine or Waiver
    c) Statement of Understanding
    d) Skills Check Off
    e) Clinical Evaluation with Documentation of Hours

7.9.4 - KCTCS Administrative Recharge

The KCTCS System Office provides administrative support services for the nurse aide program. As the program is cost recovery, the System Office sweeps each college's budget at a rate of $20.00 per student enrolled in NAA100, NAA125, and/or MNA100 to recover its administrative support costs of nurse aide training. The System Office also sweeps each college's budget at a rate of $10.00 per assessment to recover its administrative support costs of nurse aide testing and $15.00 per assessment for medication aide testing.

NOTE: For this reason, the college will need to take into consideration the anticipated cost of nurse aide testing and training and allocate a sufficient expense budget to cover this recharge.

7.9.5 - Registration

1. The student, employed by a nursing home paying for nurse aide training and the competency evaluation program, must present documentation of employment and billing information at the time of registration. If there is not adequate documentation from the nursing home to qualify the student under the KCTCS – DMS contract, the student must be enrolled in a section of NAA100 and must pay the non-contract (regular student tuition) rate.

2. Students who have not paid their tuition and fees or arranged for a payment plan on or before the college's required payment date are subject to having their registration cancelled for nonpayment. Students must present a PeopleSoft Student Financials generated receipt for the nurse aide course to the instructor prior to the beginning of the course or the seat is deemed available to be re-sold to the next person on the class "waiting list".

7.9.6 - Records

1. The Nurse Aide Coordinator or designee shall monitor each class to insure the course does not exceed the regulatory maximum cap of 15 students per instructor. *Reference:* Medicaid Program Manual page 5.2 paragraph D (3) for maximum allowable students per class.

2. Sponsored students are not allowed to sit for the Competency Evaluation unless prior payment arrangements with their sponsoring facility have been made.

3. The Regional Nurse Aide Coordinator or designee will monitor and retain copies of student receipts and roster for audit and financial control purposes for three (3) years all other records shall be maintained for five (5) years per KCTCS' Record Retention Schedule.

7.9.7 - Testing

1. Nurse Aide testing revenue should be credited to the nurse aide testing item type (80xxxxx12140) – no exceptions.

2. When the individual is a KCTCS student and a test candidate, it is recommended to consider asking the student to pay for both the test and the course simultaneously. This will reduce the number of trips to the business office by the student. Payment of the test at the time of course registration is at discretion of the student/test candidate.

3. Test candidates are to make their payment(s) at the college's business office. Once payment is tendered, the receipts along with any other necessary credentials are to be brought to the Nurse Aide Coordinator to schedule a test appointment.

4. **COMMENT:** Each college has the discretion to set the test rate for individuals enrolled in a high school (recognized Technical Education Center) health careers program. The KCTCS System Office requires a minimum charge of $20. If the college charges the minimum charge of $20.00, these assessments will be revenue neutral. The college business office is to invoice the high school (recognized Technical Education Center) for individuals that are tested when the individual has not paid the college business office directly. A copy of the test roster is to be sent with all invoices. The high school (recognized Technical Education Center) will be billed for all test takers that are listed on a roster, including those who fail to keep their test appointments or provide proper documentation. See Section 7.9.7 points 6 and 7 below.

   Please refer to Business Procedure 7.9.3 above.

5. High school or area regional technical center dual credit students taking the course may be assessed the $20 (per student) cost recovery charge assessed the college for System Office administrative support. The charge is to be treated as a pass-through per KCTCS' Schedule of Approved Charges.

   Individuals must pay for the test prior to their test appointment. Please consult local college business office for specific required payment date. Students who have not paid their tuition and fees or arranged for a payment plan on or before the college's required payment date are subject to having their test registration cancelled for nonpayment. Requiring payment prior to the test appointment and in sufficient time to allow a personal check to clear the financial institution helps protect the college/district from returned checks that cannot be collected.

   NOTE: Once nurse aide tests are graded, KCTCS has no redress to the credentials to compel collection for a returned check. Please contact the System Office Nurse Aide Coordinator in the event of a returned check for nurse aide testing. If the assessment(s) has/have not been graded, the assessment(s) can be held until payment is settled. If payment is greater than 30 days from the original test date, the original test will be destroyed. In such instance(s) the test taker will need to schedule another test appointment and make good on payment prior to being allowed to re-register and pay for another test.

6. Test appointments will not be given when vouchers or purchase orders are presented unless prior arrangement with the student's sponsoring facility have been made prior to the test date. Payments received for nurse aide – medication aide testing/training require good communication by the college business office and the Regional Nurse Aide Coordinator.

7. Individuals who fail to keep their test appointment or meet the colleges required payment date forfeit their test payment. The individual will also be treated as a "no show" if they do not present the required identification documents at the time of testing. Please refer to the "Kentucky Medicaid Nurse Aide Testing Procedures and Study Guide" for the required documents.

8. Individuals who are considered "no shows" will be required to repeat the registration process, including fee payment, in order to be scheduled for a new test appointment.

7.9.8 - Rationales

1. Collecting tuition and all fees at the time of registration simplifies the assessment process for all parties, especially for MNA100. Payment for the test at the time of course registration is at the discretion of the student/test candidate.

2. The rationale for the "no show" practice is to offset costs associated with individuals scheduling a test and the district paying an employee to administer the test, but not receiving offsetting compensation to pay the employee when the test candidate does not show.

3. Having the "tuition" based KCTCS administrative charges budgeted prior to the sweep provides the necessary funds when "sweeps" are conducted.

4. Following these processes and procedures ensures compliance with the contract between KCTCS and DMS.

7.9.9 – Additional Reference Materials

Nurse Aide reference materials may be found on KCTCS' DocuShare website at: http://unity.kctcs.edu/docushare/dsweb/dscgi/ds.py/View/Collection-1264 Materials at this site are available to the general public. Each college's nurse aide coordinator has access to additional restricted documents to assist in the management of the nurse aide training and testing processes. The DocuShare site includes, but is not limited to a Sample Statement of Understanding and Sample Test Instructions. The Sample Statement of Understanding and the Sample Test Instructions may be customized based to local need. Customizations of these materials should be forwarded to the KCTCS' Nurse Aide Coordinator for review prior to local use. No other materials at the DocuShare site may be customized, e.g. Memorandum of Agreement for Nurse Aide Clinical Sites.

NOTE: See Statement of Understanding XI related to reimbursement.

End of Procedure